

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER C C00274944 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 06/01/2021 through 06/30/2021

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

Type or Print Name of Treasurer

Signature of Treasurer Kozel, Jessica, A, Dr, MD [Electronically Filed] Date 07/16/2021

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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="359956.57"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="23170.00"/>	<input type="text" value="115896.30"/>
(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="383126.57"/>	<input type="text" value="438537.27"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15111.05"/>	<input type="text" value="70521.75"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="368015.52"/>	<input type="text" value="368015.52"/>
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).....	19750.00	97994.90
(ii) Unitemized .....	3420.00	17901.40
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	23170.00	115896.30
(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) .....	23170.00	115896.30
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)).....▶	23170.00	115896.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	23170.00	115896.30

**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 .....	111.05	521.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	111.05	521.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	70000.00
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)) ..	15111.05	70521.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15111.05	70521.75

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<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) .....	23170.00	115896.30
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23170.00	115896.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	111.05	521.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	111.05	521.75

**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 19
<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. Addington, Shari, L, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 708 Hill Country Dr Ste 200  
 City Kerrville State TX Zip Code 78028-6071  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Path Ref Lab 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  
 06 / 10 / 2021  
**Transaction ID : SA11AI.59779**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Benjamin, Brent, David, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Department of Pathology  
 400 South 43rd Street  
 City Renton State WA Zip Code 98055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Valley Med Ctr Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2021  
**Transaction ID : SA11AI.59811**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item

**C. Crawford, James, M, Dr., MD, PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 Community Dr  
 City Manhasset State NY Zip Code 11030-3816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northwell Health System 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  
 06 / 10 / 2021  
**Transaction ID : SA11AI.59772**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
	<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. Duncan, Keith, Lawton, Dr., MD, PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1531 Kingswood Dr  
 City Hillsborough State CA Zip Code 94010-7317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sutter Bay Hospitals Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 01 / 2021  
**Transaction ID : SA11AI.59756**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. 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 ▼ 2500.00

Date of Receipt 06 / 01 / 2021  
**Transaction ID : SA11AI.59748**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**C. 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 ▼ 500.00

Date of Receipt 06 / 30 / 2021  
**Transaction ID : SA11AI.59810**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<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 19
<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. Godbey, Patrick, E., Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 308 Flanders Landing  
 City Saint Simons Island State GA Zip Code 31522-1767  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeastern Pathology Associates Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 27 / 2021  
**Transaction ID : SA11AI.59800**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Grabbe, John, Peter, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path 1493 Cambridge St  
 City Cambridge State MA Zip Code 02139-1047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cambridge Health Alliance Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 01 / 2021  
**Transaction ID : SA11AI.59754**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**c. 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 06 / 16 / 2021  
**Transaction ID : SA11AI.59783**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5450.00
<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 19
<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. Hamilton, Stanley, R, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Path AND Lab Med/Unit 85  
 1515 Holcombe Blvd  
 City Houston State TX Zip Code 77030-4000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UTMD Anderson Cancer Ctr Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 27 / 2021  
**Transaction ID : SA11AI.59801**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Hammock, Lauren, A, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 72059  
 City Eugene State OR Zip Code 97401-0285  
 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 06 / 01 / 2021  
**Transaction ID : SA11AI.59757**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**C. Hui, Anthony, N, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 564 Stone Meadow LN  
 City West Fork State AR Zip Code 72774-2525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northwest Arkansas Path Assc Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 01 / 2021  
**Transaction ID : SA11AI.59743**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3750.00
<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 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Kennedy, Jan, Cecelia, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path  
 2701 N Decatur Rd  
 City Decatur State GA Zip Code 30033-5918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emory Decatur 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  
 06 / 10 / 2021  
**Transaction ID : SA11AI.59773**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Krauss, Elliot, A, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Educ Bldg  
 1 Plainsboro Rd Fl II  
 City Plainsboro State NJ Zip Code 08536-1913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University Med Ctr of Princeton at Pla 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  
 06 / 10 / 2021  
**Transaction ID : SA11AI.59771**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Kressin, Megan, Kielt, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5600 Shoalwood Ave  
 City Austin State TX Zip Code 78756-1624  
 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 ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2021  
**Transaction ID : SA11AI.59776**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<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 19
	<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 06 / 01 / 2021  
**Transaction ID : SA11AI.59738**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Nevins, Diana, L, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8405 Indian Hills Dr Apt 4a7  
 City Omaha State NE Zip Code 68114-4067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nebraska Methodist Hospital Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 28 / 2021  
**Transaction ID : SA11AI.59804**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. 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 Pathologis Occupation (for Individual) Employee  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 16 / 2021  
**Transaction ID : SA11AI.59814**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<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 19
<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. Putnam, Angelica, Rocio, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 903 N Skipton Dr  
 City North Salt Lake State UT Zip Code 84054-5030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Primary Children's Hospital Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 01 / 2021  
**Transaction ID : SA11AI.59740**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Romberger, Charles, F, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Lab 555 N Duke St  
 City Lancaster State PA Zip Code 17602-2250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lancaster General Hospital Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 01 / 2021  
**Transaction ID : SA11AI.59746**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**c. 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 06 / 28 / 2021  
**Transaction ID : SA11AI.59805**  
 Amount of Each Receipt this Period 1000.00  
 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 13 OF 19
<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. Simonetti, Anthony, John, Dr., MD, MBA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 960 Saint Matthews Road  
 City Chester Springs State PA Zip Code 19425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Reading Hospital Tower Heath Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 28 / 2021  
**Transaction ID : SA11AI.59802**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Taylor, Ann, , Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Intermountain Med Ctr Pat Dept 5121 S Cottonwood St  
 City Murray State UT Zip Code 84107-5701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Intermountain Laboratory Services Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 01 / 2021  
**Transaction ID : SA11AI.59741**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Valdes, Caroline, 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 Medical Laboratory Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.59795**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<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 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Zepeda, Hector, , Dr., MD**

Mailing Address **745 Via Mirada Ln**

City <b>El Paso</b>	State <b>TX</b>	Zip Code <b>79922-2152</b>
------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>Del Sol Medical Center</b>	Occupation (for Individual) <b>Pathologist</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**06 / 01 / 2021**

**Transaction ID : SA11AI.59752**

Amount of Each Receipt this Period  
**250.00**

Memo Item

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

Mailing Address

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>19750.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Sun Trust Bank**

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement  
Suntrust RAZ Deposit Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2021

FEC Identification Number

C  
**Transaction ID : SB21B.59720**  
Amount of Each Disbursement this Period  
31.05

Memo Item

Full Name (Last, First, Middle Initial)

**B. Sun Trust Bank**

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement  
Suntrust Account Analysis Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2021

FEC Identification Number

C  
**Transaction ID : SB21B.59721**  
Amount of Each Disbursement this Period  
80.00

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

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)..... ▶

111.05  
111.05

**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. BRIAN FITZPATRICK FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		23		2021

Mailing Address 1200 TRINITY DRIVE

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

FEC Identification Number

C	C00607416
---	-----------

**Transaction ID : SB23.59722**

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: PA District: 01

Memo Item

Full Name (Last, First, Middle Initial)

**B. BRIAN HIGGINS FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		23		2021

Mailing Address 415 New Jersey Ave., SE  
Unit 1

City  
Washington

State  
DC

Zip Code  
20003

FEC Identification Number

C	C00401034
---	-----------

**Transaction ID : SB23.59723**

Amount of Each Disbursement this Period

1000.00
---------

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: NY District: 26

Memo Item

Full Name (Last, First, Middle Initial)

**C. CATHY MCMORRIS RODGERS FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		23		2021

Mailing Address BOX 137

City  
SPOKANE

State  
WA

Zip Code  
99210

FEC Identification Number

C	C00390476
---	-----------

**Transaction ID : SB23.59724**

Amount of Each Disbursement this Period

1000.00
---------

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: WA District: 05

Memo Item

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

3000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. 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
0	6		2	3		2	0	2	1

FEC Identification Number

**C** C00480228

**Transaction ID : SB23.59725**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

**B. DIRIGO PAC**

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: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	2	1

FEC Identification Number

**C** C00391797

**Transaction ID : SB23.59726**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

**C. DOGGETT FOR U S CONGRESS COMMITTEE**

Mailing Address PO BOX 5843

City  
AUSTIN

State  
TX

Zip Code  
78763

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: TX District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	2	1

FEC Identification Number

**C** C00286500

**Transaction ID : SB23.59727**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

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

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

3	0	0	0	0	0	0	0	0	0


**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. FRIENDS OF SCHUMER**

Mailing Address 660 PENNSYLVANIA AVE  
SUITE 201

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: NY District: 00

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2021

FEC Identification Number

**C** C00346312

**Transaction ID : SB23.59728**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. 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  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: KY District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2021

FEC Identification Number

**C** C00445023

**Transaction ID : SB23.59737**

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. LORI TRAHAN FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 1161

City LOWELL State MA Zip Code 01853

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: MA District: 03

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2021

FEC Identification Number

**C** C00655647

**Transaction ID : SB23.59729**

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**

Full Name (Last, First, Middle Initial)

**A. MILLER-MEEKS FOR CONGRESS**

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

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	3		2	0	2	1		

FEC Identification Number

**C** C00558825

**Transaction ID : SB23.59733**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. SENSIBLE AMERICAN SOLUTIONS SUPPORTING EVERYONE PAC**

Mailing Address 332 W LEE HWY  
# 303

City WARRENTON State VA Zip Code 20186

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	Y	Y
0	6		2	3		2	0	2	1		

FEC Identification Number

**C** C00571802

**Transaction ID : SB23.59735**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. 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	Y	Y
0	6		2	3		2	0	2	1		

FEC Identification Number

**C** C00308676

**Transaction ID : SB23.59736**

Amount of Each Disbursement this Period

1500.00

Memo Item

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

3500.00

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

15000.00