

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 ▲
C C00274944 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 02 / 01 / 2024 through [MM] / [DD] / [YYYY] 02 / 29 / 2024

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

Signature of Treasurer *Kozel, Jessica, A, Dr, MD* Date [MM] / [DD] / [YYYY] 03 / 18 / 2024

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: 02 / 01 / 2024 To: 02 / 29 / 2024

Table with 2 columns: COLUMN A This Period, COLUMN B Calendar Year-to-Date. Rows include Cash on Hand, Total Receipts, Total Disbursements, and Debts and Obligations Owed.

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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).....	15850.00	26175.00
(ii) Unitemized	1877.00	5028.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	17727.00	31203.00
(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)	17727.00	31203.00
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)).....▶	17727.00	31203.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	17727.00	31203.00

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	208.14	294.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	208.14	294.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	38500.00
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)) ..	35208.14	38794.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35208.14	38794.64

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)	17727.00	31203.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17727.00	31203.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	208.14	294.64
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	208.14	294.64

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 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Almanza Sr, Othon, , Dr., MD

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

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2024

Transaction ID : SA11AI.62836

Amount of Each Receipt this Period
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Amjadi, Darius, K, Dr., MD,JD

Mailing Address 2215 Fuller Rd Palms 113

City Ann Arbor	State MI	Zip Code 48105-2303
-------------------	-------------	------------------------

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

Name of Employer (for Individual) VA Ann Arbor Health Care System	Occupation (for Individual) Pathologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2024

Transaction ID : SA11AI.62832

Amount of Each Receipt this Period
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Bedrnicek, Jiri, Biorn, Dr., MD

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

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2024

Transaction ID : SA11AI.62845

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 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Carr, Matthew, David, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 602 Michigan Ave
 City Holland State MI Zip Code 49423-4918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Western Michigan Pathology Assoc PLLC Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 15 / 2024
Transaction ID : SA11AI.62826
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Eckert, E. Randy, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13322 Shore Vista Dr
 City Austin State TX Zip Code 78732-1617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North Austin Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 15 / 2024
Transaction ID : SA11AI.62817
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Friedman, Mark, T, Dr., DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 Station PLZ N
 City Mineola State NY Zip Code 11501-3800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYU Langone Hospitals Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 23 / 2024
Transaction ID : SA11AI.62847
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	6250.00
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 8 OF 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Guillory, Tesha, , Dr., MD

Mailing Address 455 Saint Michaels Dr

City Santa Fe State NM Zip Code 87505-7601

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

Name of Employer (for Individual) Christus St Vincent Regional Medical C Occupation (for Individual) Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 28 / 2024**

Transaction ID : SA11AI.62855

Amount of Each Receipt this Period 250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Hammock, Lauren, A, Dr., MD

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 **02 / 22 / 2024**

Transaction ID : SA11AI.62834

Amount of Each Receipt this Period 2500.00

Memo Item

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

Mailing Address 516 E 11125 S

City Sandy State UT Zip Code 84070-5372

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

Name of Employer (for Individual) Jordan Valley Med Ctr Lab Occupation (for Individual) Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 22 / 2024**

Transaction ID : SA11AI.62831

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Heaton Jr, Robert, B, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Market Sq
 City Cambridge State MD Zip Code 21613-1861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capital Choice Pathology Laboratory Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 22 / 2024
Transaction ID : SA11AI.62838
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Hosfield, Elizabeth, Margaret, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Path 350 Saint Josephs Ave
 City San Francisco State CA Zip Code 94115-3255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Foundation Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 15 / 2024
Transaction ID : SA11AI.62818
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Juengel, Randal, Carl, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept Of Pathology 4401 S Western Ave
 City Oklahoma City State OK Zip Code 73109-3413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Integris Southwest Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 29 / 2024
Transaction ID : SA11AI.62856
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 17
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Kozel, Jessica, Ann, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9705 Lenexa Dr
 City Lenexa State KS Zip Code 66215-1345
 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 ▼ 1500.00

Date of Receipt 02 / 15 / 2024
Transaction ID : SA11AI.62823
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. 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 ▼ 250.00

Date of Receipt 02 / 22 / 2024
Transaction ID : SA11AI.62835
 Amount of Each Receipt this Period 250.00
 Memo Item

C. McCarthy, Paul, , J., Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Department of Pathology
 400 W. 16th St.
 City Pueblo State CO Zip Code 81003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Parkview Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 22 / 2024
Transaction ID : SA11AI.62837
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Melin, Bruce, Daniel, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Path
401 E Spruce St

City Garden City State KS Zip Code 67846-5679

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

Name of Employer (for Individual) St. Catherine Hosp Occupation (for Individual) Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **02 / 26 / 2024**

Transaction ID : SA11AI.62851

Amount of Each Receipt this Period **300.00**

Memo Item

B. Noordhoek, Lyle, J, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2509 Felten Dr

City Hays State KS Zip Code 67601-2213

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

Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **02 / 13 / 2024**

Transaction ID : SA11AI.62811

Amount of Each Receipt this Period **250.00**

Memo Item

C. Poppiti Jr, Robert, J, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Path
4300 Alton Rd Blum

City Miami Beach State FL Zip Code 33140-2800

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

Name of Employer (for Individual) Mt Sinai Medical Center Occupation (for Individual) Pathologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **02 / 19 / 2024**

Transaction ID : SA11AI.62828

Amount of Each Receipt this Period **500.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
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 17
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Wheeler, Thomas, M, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4915 Elm St
 City Bellaire State TX Zip Code 77401-2810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baylor College of Medicine Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 22 / 2024
Transaction ID : SA11AI.62840
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Wright, John, Andrew, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1001 S George St
 City York State PA Zip Code 17403-3676
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) York Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 23 / 2024
Transaction ID : SA11AI.62846
 Amount of Each Receipt this Period 300.00
 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
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	15850.00

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Truist Bank

Mailing Address 214 N. Tryon St.

City
Charlotte

State
NC

Zip Code
28202

Purpose of Disbursement
Truist Bank Feb-24 Chase Paymentech Fee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	2	4

FEC Identification Number

C []

Transaction ID : SB21B.62795

Amount of Each Disbursement this Period

[] 197.81

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

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

[] 197.81

[] 197.81

**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. BLAKE MOORE FOR CONGRESS

Mailing Address 3213 DUKE STREET
SUITE 700

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: UT District: 01

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	2	4

FEC Identification Number

C C00738872

Transaction ID : SB23.62797

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. CHC BOLD PAC

Mailing Address ATTN:EMILY LEE
PO BOX 15096

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2024
 Primary General
 Other (specify) OTHER

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	2	4

FEC Identification Number

C C00365536

Transaction ID : SB23.62798

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. DAVIS FOR CONGRESS

Mailing Address 660 PENNSYLVANIA AVENUE, SE
SUITE 202

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	2	4

FEC Identification Number

C C00172619

Transaction ID : SB23.62799

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).....▶

7	0	0	0	0	0	0	0	0	0
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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. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	2	4

Mailing Address 120 MARYLAND AVENUE NE
Attn:Kevin Boland

City WASHINGTON State DC Zip Code 20002

FEC Identification Number

C C00042366

Transaction ID : SB23.62800

Amount of Each Disbursement this Period

5000.00

Memo Item

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2024
 Primary General
 Other (specify) **OTHER**

State: District:

Full Name (Last, First, Middle Initial)

B. DR. KIM SCHRIER FOR CONGRESS

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	2	4

Mailing Address 499 South Capitol Street, SW
Suite 420

City Washington State DC Zip Code 20003

FEC Identification Number

C C00652628

Transaction ID : SB23.62801

Amount of Each Disbursement this Period

2500.00

Memo Item

Office Sought: House Senate President

Disbursement For: 2024
 Primary General
 Other (specify)

State: WA District: 08

Full Name (Last, First, Middle Initial)

C. DR JOHN JOYCE FOR CONGRESS

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	2	4

Mailing Address 5827 COLFAX
C/O 814 CONSULTING

City ALEXANDRIA State VA Zip Code 22311

FEC Identification Number

C C00674259

Transaction ID : SB23.62802

Amount of Each Disbursement this Period

1000.00

Memo Item

Office Sought: House Senate President

Disbursement For: 2024
 Primary General
 Other (specify)

State: PA District: 13

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

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

8500.00

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. 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: 2024 Primary General Other (specify) ▼
State: KY District: 02

Date of Disbursement

MM / DD / YYYY
02 / 14 / 2024

FEC Identification Number

C00445023

Transaction ID : SB23.62803

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. HEARTLAND VALUES PAC

Mailing Address P.O. BOX 505

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) OTHER
State: District:

Date of Disbursement

MM / DD / YYYY
02 / 14 / 2024

FEC Identification Number

C00409003

Transaction ID : SB23.62804

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MULLIN FOR AMERICA

Mailing Address 439 NEW JERSEY AVE, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼
State: OK District: 02

Date of Disbursement

MM / DD / YYYY
02 / 14 / 2024

FEC Identification Number

C00498345

Transaction ID : SB23.62806

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

8500.00

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)

Form for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 SECOND STREET NE

City WASHINGTON

State DC

Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: House, Senate, President

Disbursement For: 2024 Primary, General, Other (specify) OTHER

State: District:

Date of Disbursement

Date of Disbursement: 02 / 14 / 2024

FEC Identification Number

C00027466

Transaction ID : SB23.62807

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TEXANS FOR JODEY ARRINGTON

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: 2024 Primary, General, Other (specify)

State: TX District: 19

Date of Disbursement

Date of Disbursement: 02 / 14 / 2024

FEC Identification Number

C00588657

Transaction ID : SB23.62808

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TUESDAY GROUP/RG2 PAC

Mailing Address 124 16TH STREET, SE ENDICOTT GROUP

City WASHINGTON

State DC

Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House, Senate, President

Disbursement For: 2024 Primary, General, Other (specify) OTHER

State: District:

Date of Disbursement

Date of Disbursement: 02 / 14 / 2024

FEC Identification Number

C00433060

Transaction ID : SB23.62809

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

11000.00

35000.00