

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

Check if different than previously reported. (ACC) Suite 425 West

Washington DC 20001

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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input checked="" type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M / D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 09 / 01 / 2023 through 09 / 30 / 2023

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 10 / 19 / 2023

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)

Page 2

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="2023"/>		288924.88
(b) Cash on Hand at Beginning of Reporting Period.....	231553.27	
(c) Total Receipts (from Line 19)	- 7724.00	136610.70
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	223829.27	425535.58
7. Total Disbursements (from Line 31).....	9650.39	211356.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	214178.88	214178.88
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 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: 09 / 01 / 2023 To: 09 / 30 / 2023

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).....	- 7050.00	116917.68
(ii) Unitemized	- 674.00	19693.02
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	- 7724.00	136610.70
(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)	- 7724.00	136610.70
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)).....▶	- 7724.00	136610.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	- 7724.00	136610.70

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	650.39	2856.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	650.39	2856.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	208500.00
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)) ..	9650.39	211356.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9650.39	211356.70

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	- 7724.00	136610.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	- 7724.00	136610.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	650.39	2856.70
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	650.39	2856.70

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN
Transaction ID :

Note: PAC contribution corrections were needed as we recently found that some of our credit card charges did not complete accurately. The data flowed from our new Fonteva software into Oracle, but the funds were not captured at Chase Paymentech bank. Our IT Team is working on this Payment Gateway issue.

Form/Schedule:
Transaction ID:

**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 20
	<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. Anthony, Lauren, Lintelman, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2800 10th Ave S Ste 2000
 City Minneapolis State MN Zip Code 55407-1311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allina Med Labs Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11AI.62292
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Bryce, Clare, Helen, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 170 E 94th St Apt 2g
 City New York State NY Zip Code 10128-2559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Edinburgh Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2023
Transaction ID : SA11AI.62314
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Caldwell, John, , Aikman, Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Department of Pathology 101 E Wood St
 City Spartanburg State SC Zip Code 29303-3040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spartanburg Regional Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ -750.00

Date of Receipt 09 / 20 / 2023
Transaction ID : SA11AI.62259
 Amount of Each Receipt this Period -750.00
 Memo Item
 Credit Card Not Charged

SUBTOTAL of Receipts This Page (optional).....▶	- 200.00
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 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Cooper, Thomas, , Joseph, Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5620 East El Parque Street
 City Long Beach State CA Zip Code 90815-4129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Centinela Hosp Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 02 / 2023
Transaction ID : SA11AI.62316
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Deck, Michael, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3700 Shantara Lane
 City Plano State TX Zip Code 75093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Michael E. Deck, MD, PA Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ -2500.00

Date of Receipt 09 / 20 / 2023
Transaction ID : SA11AI.62257
 Amount of Each Receipt this Period -2500.00
 Memo Item
 Credit Card Not Charged

C. Delaney, Meghan, , Dr., DO,MPH
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Michigan Ave NW
 City Washington State DC Zip Code 20010-2916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Children's National Health Systems Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2023
Transaction ID : SA11AI.62313
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	- 1900.00
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 20
	<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. Dill, Erik, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8820 E Shadowridge St
 City Wichita State KS Zip Code 67226-2114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ascension Via Christi Hospital St. Fra Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ - 500.00

Date of Receipt 09 / 20 / 2023
Transaction ID : SA11AI.62261
 Amount of Each Receipt this Period - 500.00
 Memo Item
 Credit Card Not Charged

B. Glassy, Eric, , F., Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2801 Via Buena
 City Palos Verdes Estat State CA Zip Code 90274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Little Company of Mary Hosp-Torrance Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ - 2500.00

Date of Receipt 09 / 20 / 2023
Transaction ID : SA11AI.62252
 Amount of Each Receipt this Period - 2500.00
 Memo Item
 Credit Card Not Charged

C. Gordon, Deborah, , B., Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 Westgate Road
 City Wellesley State MA Zip Code 02481-1261
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Heywood Hosp Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ - 100.00

Date of Receipt 09 / 20 / 2023
Transaction ID : SA11AI.62251
 Amount of Each Receipt this Period - 100.00
 Memo Item
 Credit Card Not Charged

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 10 OF 20
	<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. Gupta, Chakshu, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3407 N Pointe Dr
 City St Joseph State MO Zip Code 64506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Liberty Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 13 / 2023
Transaction ID : SA11AI.62298
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Harris, James, Brent, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2374 E Pacifica PL
 City Rancho Dominguez State CA Zip Code 90220-6214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Affiliated Pathologists Med Grp Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ - 25.00

Date of Receipt 09 / 20 / 2023
Transaction ID : SA11AI.62249
 Amount of Each Receipt this Period - 25.00
 Memo Item
 Credit Card Not Charged

C. Lane, Roger, , B., Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 Bartram Trl
 City St Simons Island State GA Zip Code 31522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ - 50.00

Date of Receipt 09 / 20 / 2023
Transaction ID : SA11AI.62264
 Amount of Each Receipt this Period - 50.00
 Memo Item
 Credit Card Not Charged

SUBTOTAL of Receipts This Page (optional).....▶	25.00
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 11 OF 20
(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. Larsen, Moira, , P., Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5601 Loch Raven Blvd

City Baltimore	State MD	Zip Code 21239
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Good Samaritan Hosp	Occupation (for Individual) Pathologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
- 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2023
Transaction ID : SA11AI.62246

Amount of Each Receipt this Period
 - 250.00

Memo Item
 Credit Card Not Charged

B. League, Aimee, , Alisabeth, Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 803 Franklin St

City Huntsville	State AL	Zip Code 35801
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pathology Associates PC	Occupation (for Individual) Pathologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
- 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2023
Transaction ID : SA11AI.62260

Amount of Each Receipt this Period
 - 500.00

Memo Item
 Credit Card Not Charged

C. Lipschultz, Martin, , L, Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 716 Meadow Lane, South

City Minneapolis	State MN	Zip Code 55416-3417
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Central Reg Pathology Lab	Occupation (for Individual) Pathologist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
- 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2023
Transaction ID : SA11AI.62253

Amount of Each Receipt this Period
 - 50.00

Memo Item
 Credit Card Not Charged

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: (check only one)	PAGE 12 OF 20
<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. Mac, Mylinh, , Thi, Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Path 5th fl
3500 Gaston Ave

City Dallas State TX Zip Code 75246-2017

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

Name of Employer (for Individual) Baylor Univ Med Center Occupation (for Individual) Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ - 200.00

Date of Receipt 09 / 20 / 2023
Transaction ID : SA11AI.62265

Amount of Each Receipt this Period - 200.00

Memo Item
Credit Card Not Charged

B. Neumann, Ann, , Ms.,
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 Pathologist Occupation (for Individual) Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 13 / 2023
Transaction ID : SA11AI.62296

Amount of Each Receipt this Period 225.00

Memo Item

C. Olgaard, Ericka, J, Dr., DO,MBA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 SW 35th Dr

City Gainesville State FL Zip Code 32608

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

Name of Employer (for Individual) University of Florida Occupation (for Individual) Pathologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 05 / 2023
Transaction ID : SA11AI.62285

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	275.00
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 13 OF 20
	<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. 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 ▼ 450.00

Date of Receipt 09 / 13 / 2023
Transaction ID : SA11AI.62301
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Riddle, Nicole, , M, Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8620 Snowy Owl Way
 City Tampa State FL Zip Code 33647-3411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of South Florida Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ -200.00

Date of Receipt 09 / 20 / 2023
Transaction ID : SA11AI.62254
 Amount of Each Receipt this Period -200.00
 Memo Item
 Credit Card Not Charged

C. Scanlan, Richard, , Michael, Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3181 SW Sam Jackson Rd L471
 City Portland State OR Zip Code 97239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oregon Health & Science Univ Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ -1000.00

Date of Receipt 09 / 20 / 2023
Transaction ID : SA11AI.62263
 Amount of Each Receipt this Period -1000.00
 Memo Item
 Credit Card Not Charged

SUBTOTAL of Receipts This Page (optional).....	- 1150.00
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 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Swierczynski, Sharon, , Lynn, Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 16052
6th Ave & Spruce St

City Reading State PA Zip Code 19612

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

Name of Employer (for Individual) The Reading Hosp & Med Ctr Occupation (for Individual) Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ - 250.00

Date of Receipt 09 / 20 / 2023
Transaction ID : SA11AI.62248

Amount of Each Receipt this Period - 250.00

Memo Item
 Credit Card Not Charged

B. Zimmerman, Michelle, K, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 350 W 11th St Ste 5046

City Indianapolis State IN Zip Code 46202-4108

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

Name of Employer (for Individual) Indiana University School of Medicine Occupation (for Individual) Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2023
Transaction ID : SA11AI.62315

Amount of Each Receipt this Period 50.00

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).....	- 200.00
TOTAL This Period (last page this line number only).....	- 7050.00

**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
Sep-23 American Express Charges

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2023

FEC Identification Number

C
Transaction ID : SB21B.62266
Amount of Each Disbursement this Period
93.07

Memo Item

Full Name (Last, First, Middle Initial)

B. Truist Bank

Mailing Address 214 N. Tryon St.

City Charlotte State NC Zip Code 28202

Purpose of Disbursement
Sep-23 Chase Paymentech Charges

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2023

FEC Identification Number

C
Transaction ID : SB21B.62267
Amount of Each Disbursement this Period
37.07

Memo Item

Full Name (Last, First, Middle Initial)

C. Truist Bank

Mailing Address 214 N. Tryon St.

City Charlotte State NC Zip Code 28202

Purpose of Disbursement
Chase Paymentech Bank Adjustment

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2023

FEC Identification Number

C
Transaction ID : SB21B.62317
Amount of Each Disbursement this Period
520.25

Memo Item

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

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

650.39
650.39

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)

Grid for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Box 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. BUDDY CARTER FOR CONGRESS

Mailing Address 422 FIRST STREET, SE FLOOR 3

City WASHINGTON

State DC

Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

State: GA District: 01

Date of Disbursement

Date field: MM/DD/YYYY = 09/13/2023

FEC Identification Number

C00543967

Transaction ID : SB23.62268

Amount of Each Disbursement this Period

Amount field: 1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. BUDDY CARTER FOR CONGRESS

Mailing Address 422 FIRST STREET, SE FLOOR 3

City WASHINGTON

State DC

Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

State: GA District: 01

Date of Disbursement

Date field: MM/DD/YYYY = 09/13/2023

FEC Identification Number

C00543967

Transaction ID : SB23.62269

Amount of Each Disbursement this Period

Amount field: 1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. CATHY MCMORRIS RODGERS FOR CONGRESS

Mailing Address 410 1st Street, SE Floor 2

City Washington

State DC

Zip Code 20003

Purpose of Disbursement Voided Check 13587 - Never Cashed by Campaign

Candidate Name

Office Sought: [X] House [] Senate [] President

Disbursement For: 2022 [] Primary [X] General [] Other (specify) v

State: WA District: 05

Date of Disbursement

Date field: MM/DD/YYYY = 09/15/2023

FEC Identification Number

C00390476

Transaction ID : SB23.62244

Amount of Each Disbursement this Period

Amount field: - 1000.00

[] Memo Item

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

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

Subtotal field: 1000.00

Total field: (blank)

**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. CHUY GARCIA FOR CONGRESS

Mailing Address 114 LEXINGTON DR
C/O HM CONSULTING

City SILVER SPRING State MD Zip Code 20901

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼
State: IL District: 04

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2023

FEC Identification Number

C C00661777

Transaction ID : SB23.62270

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CLAUDIA TENNEY FOR CONGRESS

Mailing Address 3410 ALABAMA AVENUE
C/O STANTON GROUP

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼
State: NY District: 24

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2023

FEC Identification Number

C C00632828

Transaction ID : SB23.62271

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CURTIS FOR CONGRESS

Mailing Address 439 NEW JERSEY AVE, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼
State: UT District: 03

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2023

FEC Identification Number

C C00647339

Transaction ID : SB23.62273

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. FEENSTRA FOR CONGRESS

Mailing Address 5827 COLFAX AVENUE

City
ALEXANDRIA

State
VA

Zip Code
22311

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: IA District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	2	3

FEC Identification Number

C00693663

Transaction ID : SB23.62274

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. JAY OBERNOLTE FOR CONGRESS

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: CA District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	2	3

FEC Identification Number

C00720078

Transaction ID : SB23.62275

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. LATTA FOR CONGRESS

Mailing Address 5827 COLFAX AVE
814 CONSULTING

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: OH District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	2	3

FEC Identification Number

C00438697

Transaction ID : SB23.62277

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. LISA BLUNT ROCHESTER FOR SENATE

Mailing Address 415 NEW JERSEY AVE, SE, #1

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: DE District: 00

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	2	3

FEC Identification Number

C00843391

Transaction ID : SB23.62279

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MICHELLE STEEL FOR CONGRESS

Mailing Address 2200 W WINDSOR AVENEUE

City
ALEXANDRIA

State
VA

Zip Code
22301

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: CA District: 45

Disbursement For: 2024
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	2	3

FEC Identification Number

C00704981

Transaction ID : SB23.62281

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ROBIN KELLY FOR CONGRESS

Mailing Address 413 NEW JERSEY AVE, SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: IL District: 02

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	2	3

FEC Identification Number

C00539866

Transaction ID : SB23.62282

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).....▶

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. 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

State: TX District: 19

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	2	3

FEC Identification Number

C C00588657

Transaction ID : SB23.62283

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. WARNOCK FOR GEORGIA

Mailing Address P.O. BOX 52227

City
ATLANTA

State
GA

Zip Code
30355

Purpose of Disbursement

Voided Ck 13659 - Never Cashed by Campaign

Candidate Name

VOICE FOR FREEDOM

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2022
 Primary General
 Other (specify) Runoff

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	2	3

FEC Identification Number

C C00409805

Transaction ID : SB23.62245

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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)..... ▶

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