



**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="2020"/>		395573.09
(b) Cash on Hand at Beginning of Reporting Period.....	342147.46	
(c) Total Receipts (from Line 19) .....	9373.30	104264.30
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	351520.76	499837.39
7. Total Disbursements (from Line 31).....	- 40398.28	107918.35
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	391919.04	391919.04
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**College of American Pathologists Political Action Committee**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9050.00	89990.00
(ii) Unitemized .....	323.30	14274.30
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9373.30	104264.30
(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) .....	9373.30	104264.30
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)).....▶	9373.30	104264.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9373.30	104264.30

**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 .....	101.72	918.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	101.72	918.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	- 40500.00	107000.00
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)) ..	- 40398.28	107918.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	- 40398.28	107918.35

**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) .....	9373.30	104264.30
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9373.30	104264.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	101.72	918.35
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	101.72	918.35

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

Form/Schedule: F3XN

Transaction ID :

August 20, 2020 Filing - High number of voided checks due to clean-up of stale dated checks never cashed by payees. These checks were never presented to our bank for payment and are now stale dated and must be removed from our filing data.

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 21
	<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	

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. Fowkes, Mary, Elizabeth, Dr., MD, PhD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 Elm Rd

City Katonah	State NY	Zip Code 10536-1308
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2020

**Transaction ID : SA11AI.58687**

Amount of Each Receipt this Period  
200.00

Memo Item

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

Mailing Address 203 Indigo Dr

City Brunswick	State GA	Zip Code 31525-6865
-------------------	-------------	------------------------

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  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2020

**Transaction ID : SA11AI.58679**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C. Gupta, Chakshu, , Dr., MD, MBA**  
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  

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2020

**Transaction ID : SA11AI.58684**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5300.00
<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 21
<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. Kinonen, Christopher, , Dr., MD, MBA**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5622 Sandhill Dr

City Middleton	State WI	Zip Code 53562-5247
-------------------	-------------	------------------------

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

Name of Employer (for Individual) SSM Health St Mary's Hospital - Madiso	Occupation (for Individual) Pathologist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2020

**Transaction ID : SA11AI.58692**

Amount of Each Receipt this Period  
2000.00

Memo Item

**B. Moad, John, C, Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2534 Millville Shandon Rd

City Hamilton	State OH	Zip Code 45013
------------------	-------------	-------------------

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

Name of Employer (for Individual) Dermatopathology Laboratory of Central	Occupation (for Individual) Pathologist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
975.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2020

**Transaction ID : SA11AI.58683**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Myers, Stephen, R, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 Waukegan Road

City Northfield	State IL	Zip Code 60093
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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 ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2020

**Transaction ID : SA11AI.58675**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3300.00
<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 21
<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. 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 ▼ 250.00

Date of Receipt 07 / 20 / 2020  
**Transaction ID : SA11AI.58672**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. 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 ▼ 1200.00

Date of Receipt 07 / 01 / 2020  
**Transaction ID : SA11AI.58676**  
 Amount of Each Receipt this Period 200.00  
 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 ▼ 350.00

Date of Receipt 07 / 22 / 2020  
**Transaction ID : SA11AI.58691**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Volk, Emily, Ellen, Dr., MD, MBA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 219 Lamont Ave  
 City San Antonio State TX Zip Code 78209-3753  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University Health System Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 20 / 2020  
**Transaction ID : SA11AI.58686**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Wright, Pamela, K, Ms., N/A**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1001 G Street NW Ste 425 West  
 City Washington State DC Zip Code 20001-4560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) College of American Pathologists Occupation (for Individual) Employee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 20 / 2020  
**Transaction ID : SA11AI.58689**  
 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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	9050.00

**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. Sun Trust Bank**

Mailing Address P.O. Box 85024

City  
Richmond

State  
VA

Zip Code  
23285

Purpose of Disbursement  
RAZ Mobil Fee Deduction

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2020

FEC Identification Number

C

**Transaction ID : SB21B.58693**

Amount of Each Disbursement this Period

51.72

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  
July'20 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  
07 / 20 / 2020

FEC Identification Number

C

**Transaction ID : SB21B.58694**

Amount of Each Disbursement this Period

50.00

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)..... ▶

101.72

101.72

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. ANDY HARRIS FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 617 E. CUSTIS AVE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement VOIDED

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: MD District: 01

Date of Disbursement: 07 / 16 / 2020

FEC Identification Number: C00435974  
**Transaction ID : SB23.58659**  
Amount of Each Disbursement this Period: - 1500.00

Memo Item

**B. BARRAGAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 15096

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement VOIDED

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: CA District: 44

Date of Disbursement: 07 / 16 / 2020

FEC Identification Number: C00577353  
**Transaction ID : SB23.58640**  
Amount of Each Disbursement this Period: - 1000.00

Memo Item

**C. BERA FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 233 PENNSYLVANIA AVE, SE  
2ND FLOOR

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement VOIDED

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: CA District: 07

Date of Disbursement: 07 / 16 / 2020

FEC Identification Number: C00461061  
**Transaction ID : SB23.58660**  
Amount of Each Disbursement this Period: - 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ - 3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BRADY FOR CONGRESS**

Mailing Address C/O EPIPHANY PRODUCTIONS  
104 HUME AVE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
Check Voided

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: TX District: 08

Date of Disbursement

MM / DD / YYYY  
07 / 16 / 2020

FEC Identification Number

C C00311043

**Transaction ID : SB23.58638**

Amount of Each Disbursement this Period

- 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CHESAPEAKE PAC**

Mailing Address 617 E CUSTIS AVENUE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
VOIDED

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2019  Primary  General  Other (specify) OTHER  
State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 16 / 2020

FEC Identification Number

C C00338756

**Transaction ID : SB23.58641**

Amount of Each Disbursement this Period

- 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CITIZENS FOR BOYLE**

Mailing Address 1701 16TH STREET, NW  
#121

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement  
VOIDED

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: PA District: 02

Date of Disbursement

MM / DD / YYYY  
07 / 16 / 2020

FEC Identification Number

C C00543363

**Transaction ID : SB23.58642**

Amount of Each Disbursement this Period

- 1000.00

Memo Item

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

- 4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. CITIZENS FOR RUSH</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2020
Mailing Address 499 S CAPITOL STREET, SW SUITE 422		FEC Identification Number C00257121 <b>Transaction ID : SB23.58661</b>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement VOIDED		Amount of Each Disbursement this Period - 1000.00
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 01	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. DR KIM SCHRIER FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2020
Mailing Address PO BOX 2728		FEC Identification Number C00652628 <b>Transaction ID : SB23.58643</b>
City ISSAQUAH	State WA	Zip Code 98027
Purpose of Disbursement VOIDED		Amount of Each Disbursement this Period - 1000.00
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA	District: 08	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. ELISE FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2020
Mailing Address 415 WARNER STREET, NW		FEC Identification Number C00547893 <b>Transaction ID : SB23.58662</b>
City WASHINGTON	State DC	Zip Code 20001
Purpose of Disbursement VOIDED		Amount of Each Disbursement this Period - 1000.00
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 21	<input type="checkbox"/> 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**

**A. FRIENDS OF JOHN THUNE**

Full Name (Last, First, Middle Initial)

Mailing Address 4741 CENTRAL STREE  
SUITE 444

City KANSAS CITY State MO Zip Code 64112

Purpose of Disbursement VOIDED

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) ▼

State: SD District:

Date of Disbursement: 07 / 16 / 2020

FEC Identification Number: C00409581  
**Transaction ID : SB23.58644**  
Amount of Each Disbursement this Period: - 1500.00

Memo Item

**B. FRIENDS OF ROY BLUNT**

Full Name (Last, First, Middle Initial)

Mailing Address ONE CONSTITUTION AVE, NE  
SUITE 300

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement VOIDED

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) ▼

State: MO District:

Date of Disbursement: 07 / 16 / 2020

FEC Identification Number: C00304758  
**Transaction ID : SB23.58645**  
Amount of Each Disbursement this Period: - 1500.00

Memo Item

**C. FRIENDS TO ELECT DR. GREG MURPHY TO CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 700 PENNSYLVANIA AVE SE  
SUITE 2056

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement VOIDED

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: NC District: 03

Date of Disbursement: 07 / 16 / 2020

FEC Identification Number: C00697649  
**Transaction ID : SB23.58663**  
Amount of Each Disbursement this Period: - 2000.00

Memo Item

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

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

- 5000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. GEORGE HOLDING FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 15239

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
VOIDED

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: NC District: 02

Date of Disbursement

MM / DD / YYYY  
07 / 16 / 2020

FEC Identification Number

C00499236

**Transaction ID : SB23.58646**

Amount of Each Disbursement this Period

- 1000.00

Memo Item

**B. GUTHRIE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 499 SOUTH CAPITOL STREET, SW  
SUITE 420

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
VOIDED

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: KY District: 02

Date of Disbursement

MM / DD / YYYY  
07 / 16 / 2020

FEC Identification Number

C00445023

**Transaction ID : SB23.58647**

Amount of Each Disbursement this Period

- 1500.00

Memo Item

**C. HOYER'S MAJORITY FUND**

Full Name (Last, First, Middle Initial)

Mailing Address 499 SOUTH CAPITOL STREET, SW

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
VOIDED

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2019  Primary  General  Other (specify) ▼ OTHER  
State: MD District: 05

Date of Disbursement

MM / DD / YYYY  
07 / 16 / 2020

FEC Identification Number

C00140715

**Transaction ID : SB23.58664**

Amount of Each Disbursement this Period

- 1500.00

Memo Item

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

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

- 4000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. JEFFRIES FOR CONGRESS**

Mailing Address P.O. BOX 15096

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
VOIDED

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: NY District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	2	0

FEC Identification Number

**C** C00503052

**Transaction ID : SB23.58648**

Amount of Each Disbursement this Period

- 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MCCONNELL FOR MAJORITY LEADER COMMITTEE**

Mailing Address 228 S WASHINGTON ST STE 115

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
VOIDED

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: KY District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	2	0

FEC Identification Number

**C** C00548651

**Transaction ID : SB23.58649**

Amount of Each Disbursement this Period

- 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. RE-ELECT MCGOVERN COMMITTEE**

Mailing Address 80 M STREET, SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
VOIDED

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: MA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	2	0

FEC Identification Number

**C** C00285171

**Transaction ID : SB23.58650**

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)..... ▶

- 7000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. RON ESTES FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 07 / 16 / 2020

Mailing Address 611 PENNSYLVANIA AVE, SE #396  
City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement VOIDED  
Candidate Name  
FEC Identification Number C00632067  
Transaction ID : SB23.58651  
Amount of Each Disbursement this Period - 1000.00

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: KS District: 04  
 Memo Item

**B. ROSEN FOR NEVADA**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 07 / 16 / 2020

Mailing Address 600 PENNSYLVANIA AVE, SE #15845  
City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement VOIDED  
Candidate Name  
FEC Identification Number C00606939  
Transaction ID : SB23.58653  
Amount of Each Disbursement this Period - 1000.00

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼  
State: NV District: 00  
 Memo Item

**C. SCALISE LEADERSHIP FUND**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 07 / 16 / 2020

Mailing Address 317 15TH ST NE  
City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement VOIDED  
Candidate Name  
FEC Identification Number C00568162  
Transaction ID : SB23.58665  
Amount of Each Disbursement this Period - 3000.00

Office Sought:  House  Senate  President  
Disbursement For: 2019  Primary  General  Other (specify) ▼ OTHER  
State: District:  
 Memo Item

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

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

- 5000.00

**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 SENATOR JOHN CORNYN INC.**

Mailing Address 1020 NORTH FAIRFAX STREET  
SUITE 201

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
VOIDED

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: TX District: 00

Date of Disbursement

MM / DD / YYYY  
07 / 16 / 2020

FEC Identification Number

C00369033

**Transaction ID : SB23.58654**

Amount of Each Disbursement this Period

- 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. THOM TILLIS COMMITTEE**

Mailing Address PO BOX 97396

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement  
VOIDED

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: NC District: 00

Date of Disbursement

MM / DD / YYYY  
07 / 16 / 2020

FEC Identification Number

C00545772

**Transaction ID : SB23.58655**

Amount of Each Disbursement this Period

- 1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. TOM O'HALLERAN FOR CONGRESS**

Mailing Address 7014 CAPITOL VIEW DRIVE

City McLEAN State VA Zip Code 22101

Purpose of Disbursement  
VOIDED

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: AZ District: 01

Date of Disbursement

MM / DD / YYYY  
07 / 16 / 2020

FEC Identification Number

C00582890

**Transaction ID : SB23.58666**

Amount of Each Disbursement this Period

- 1000.00

Memo Item

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

- 3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. TONY CARDENAS FOR CONGRESS**

Mailing Address P.O. BOX 15096

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
VOIDED

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: CA District: 29

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	2	0

FEC Identification Number

**C** C00498873

**Transaction ID : SB23.58667**

Amount of Each Disbursement this Period

– 2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. VAN TAYLOR CAMPAIGN**

Mailing Address 439 NEW JERSEY AVE, SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
VOIDED

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: TX District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	2	0

FEC Identification Number

**C** C00653634

**Transaction ID : SB23.58656**

Amount of Each Disbursement this Period

– 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. VAN TAYLOR CAMPAIGN**

Mailing Address 439 NEW JERSEY AVE, SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
VOIDED

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: TX District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	2	0

FEC Identification Number

**C** C00653634

**Transaction ID : SB23.58668**

Amount of Each Disbursement this Period

– 1000.00

Memo Item

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

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

– 4000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. WENSTRUP FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 1006 PENDLETON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement VOIDED

Candidate Name

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

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 16 / 2020

FEC Identification Number: C00497818  
**Transaction ID : SB23.58658**  
Amount of Each Disbursement this Period: - 1000.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)  
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: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
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: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	- 1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	- 40500.00