

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] through [MM] / [DD] / [YYYY]
02 / 01 / 2019 through 02 / 28 / 2019

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

Signature of Treasurer Konnick, Eric, , Dr., MD,MS [Electronically Filed] Date 03 / 18 / 2019

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

College of American Pathologists Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>		422511.14
(b) Cash on Hand at Beginning of Reporting Period.....	434676.14	
(c) Total Receipts (from Line 19)	21010.00	33240.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	455686.14	455751.14
7. Total Disbursements (from Line 31).....	67065.00	67130.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	388621.14	388621.14
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

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).....	17750.00	26050.00
(ii) Unitemized	3260.00	7190.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	21010.00	33240.00
(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)	21010.00	33240.00
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)).....▶	21010.00	33240.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	21010.00	33240.00

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	65.00	130.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	65.00	130.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	67000.00	67000.00
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)) ..	67065.00	67130.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67065.00	67130.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	21010.00	33240.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21010.00	33240.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	65.00	130.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	65.00	130.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 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

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. Bishop, John, W, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address UC Davis Medical Center
 Dept of Medical Pathology
 City Sacramento State CA Zip Code 95817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UC Davis Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 12 / 2019
Transaction ID : SA11AI.57000
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Blann, Melissa, Mulkey, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3810 152nd St
 City Lubbock State TX Zip Code 79423-6310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ameripath Lubbock CMC Campus Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 13 / 2019
Transaction ID : SA11AI.57015
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Clary, Karen, M, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Department of Pathology
 1425 Portland Ave
 City Rochester State NY Zip Code 14621-3001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rochester Genl Hosp Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 19 / 2019
Transaction ID : SA11AI.57033
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 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. Dean Jr, William, Hope, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 196 North St
 City Geneva State NY Zip Code 14456-1694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Geneva General Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 13 / 2019
Transaction ID : SA11AI.57021
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Etzell, Joan, E, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Clin Lab M524 Box 0100 505 Parnassus Ave
 City San Francisco State CA Zip Code 94143-2204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of California San Francisco Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 19 / 2019
Transaction ID : SA11AI.57030
 Amount of Each Receipt this Period 500.00
 Memo Item

C. 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 ▼ 400.00

Date of Receipt 02 / 27 / 2019
Transaction ID : SA11AI.57055
 Amount of Each Receipt this Period 200.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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. Fulks, Richard, Morrison, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1576 Clark Rd
 City Charleston State WV Zip Code 25314-2358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Thomas Mem Hosp Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 19 / 2019
Transaction ID : SA11AI.57039
 Amount of Each Receipt this Period 250.00
 Memo Item

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

Date of Receipt 02 / 19 / 2019
Transaction ID : SA11AI.57026
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Jackson, Grace, N, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24035 Vecchio
 City San Antonio State TX Zip Code 78260-3505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Luke's Baptist Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 13 / 2019
Transaction ID : SA11AI.57008
 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 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. Karcher, Donald, Steven, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Path
 2120 L St NW Ste 200
 City Washington State DC Zip Code 20037-1547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) George Washington Univ Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 20 / 2019
Transaction ID : SA11AI.57044
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Lee, Darlene, M., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1200 N Beaver St
 City Flagstaff State AZ Zip Code 86001-3118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Flagstaff Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 12 / 2019
Transaction ID : SA11AI.56998
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Lomo, Lesley, C, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1710 S Soleil CV
 City Salt Lake City State UT Zip Code 84108-1300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Utah Hlth Sciences Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 13 / 2019
Transaction ID : SA11AI.57013
 Amount of Each Receipt this Period 250.00
 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 10 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. Macleay Jr, Lachlan, , Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2015 Karren LN

City Carlsbad	State CA	Zip Code 92008-2726
------------------	-------------	------------------------

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

Name of Employer (for Individual) Palomar Health Downtown Campus Lab	Occupation (for Individual) Pathologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2019

Transaction ID : SA11AI.57034

Amount of Each Receipt this Period
350.00

Memo Item

B. Mais, Daniel, David, Dr., MD
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) Unaffiliated	Occupation (for Individual) Pathologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2019

Transaction ID : SA11AI.57056

Amount of Each Receipt this Period
200.00

Memo Item

C. Maldonado, Wilford, E., Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4722 Huron Hill Dr

City Okemos	State MI	Zip Code 48864-2052
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2019

Transaction ID : SA11AI.57042

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 11 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. 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 / 19 / 2019
Transaction ID : SA11AI.57036

Amount of Each Receipt this Period 500.00

Memo Item

B. Miller, Dylan, V, Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1490 Creekview CV

City Salt Lake City State UT Zip Code 84121

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

Name of Employer (for Individual) Intermountain Laboratory Services Occupation (for Individual) Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 08 / 2019
Transaction ID : SA11AI.56997

Amount of Each Receipt this Period 500.00

Memo Item

C. 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 ▼ 2500.00

Date of Receipt 02 / 26 / 2019
Transaction ID : SA11AI.57052

Amount of Each Receipt this Period 2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3500.00
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 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. 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 / 26 / 2019
Transaction ID : SA11AI.57053

Amount of Each Receipt this Period 500.00

Memo Item

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

Mailing Address Scott and White Memorial Hospital
Dept of Path

City Temple State TX Zip Code 76508-0001

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

Name of Employer (for Individual) Scott and White Memorial Hosp Occupation (for Individual) Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 19 / 2019
Transaction ID : SA11AI.57035

Amount of Each Receipt this Period 500.00

Memo Item

C. Turner, John, Winbern, Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12225 Capwell Dr

City Midlothian State VA Zip Code 23113-2002

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

Name of Employer (for Individual) CJW Medical Center-Johnston Willis Cam Occupation (for Individual) Pathologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 02 / 13 / 2019
Transaction ID : SA11AI.57009

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 13 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	

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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 ▼ 275.00

Date of Receipt **02 / 21 / 2019**
Transaction ID : SA11AI.57045
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Volmar, Keith, E, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4420 Lake Boone Trail
 City Raleigh State NC Zip Code 27607-7505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rex Healthcare Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 13 / 2019**
Transaction ID : SA11AI.57011
 Amount of Each Receipt this Period 1000.00
 Memo Item

c. Ward, Stephen, Christopher, Dr., MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Annenberg Bldg/Dept of Path One Gustave L Levy Place
 City New York State NY Zip Code 10029-6500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mt. Sinai School of Medicine Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 12 / 2019**
Transaction ID : SA11AI.57003
 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 14 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. Welsh, Terry, M, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3086 Ceylon Rd
 City Costa Mesa State CA Zip Code 92626-2306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anaheim Regional Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 13 / 2019
Transaction ID : SA11AI.57019
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Wesche, William, Allen, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2915 Missouri Ave
 City Shreveport State LA Zip Code 71109-4327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Delta Pathology Group LLC Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 02 / 19 / 2019
Transaction ID : SA11AI.57043
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. West, William, W, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Path and Micro 983135 Nebraska Medical Ctr
 City Omaha State NE Zip Code 68198-3135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Nebraska Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 02 / 13 / 2019
Transaction ID : SA11AI.57020
 Amount of Each Receipt this Period 700.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3450.00
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 15 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	

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

A. Wright III, Edward, Truman, Dr., MD

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

Mailing Address Path Dept
915 Gordon Ave

City Thomasville State GA Zip Code 31792-6614

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

Name of Employer (for Individual) John D Archbold Memorial Hospital Occupation (for Individual) Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 13 / 2019

Transaction ID : SA11AI.57007

Amount of Each Receipt this Period 250.00

Memo Item

B. Wright Jr, Louis, D, Dr., MD

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

Mailing Address 409 Church St

City Mount Pleasant State SC Zip Code 29464

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

Name of Employer (for Individual) Unaffiliated Occupation (for Individual) Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 12 / 2019

Transaction ID : SA11AI.57001

Amount of Each Receipt this Period 1000.00

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).....	1250.00
TOTAL This Period (last page this line number only).....	17750.00

**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. BADGER PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	15	/	2019

Mailing Address 233 PENNSYLVANIA AVE, SE
2ND FLOOR

City WASHINGTON State DC Zip Code 20003

FEC Identification Number

C C00382242

Transaction ID : SB23.56969

Amount of Each Disbursement this Period

5000.00

Memo Item

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2019
 Primary General
 Other (specify) ▼

State: District:

OTHER

Full Name (Last, First, Middle Initial)

B. BILL CASSIDY FOR US SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	15	/	2019

Mailing Address 1006 PENDLETON STREET

City ALEXANDRIA State VA Zip Code 22314

FEC Identification Number

C C00543983

Transaction ID : SB23.56970

Amount of Each Disbursement this Period

1000.00

Memo Item

Office Sought: House Senate President

Disbursement For: 2020
 Primary General
 Other (specify)

State: LA District: 00

Full Name (Last, First, Middle Initial)

C. BUDDY CARTER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	15	/	2019

Mailing Address 824 S MILLEDGE AVE
SUITE 101

City ATHENS State GA Zip Code 30605

FEC Identification Number

C C00543967

Transaction ID : SB23.56971

Amount of Each Disbursement this Period

1000.00

Memo Item

Office Sought: House Senate President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: GA District: 01

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

7000.00

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. CHC BOLD PAC

Mailing Address 220 I STREET NE
SUITE 280

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2019
 Primary General
 Other (specify) **OTHER**

State: District:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

C C00365536

Transaction ID : SB23.56972

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. DCCC BUILDING FUND #2

Mailing Address 430 South Capitol Street, SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2019
 Primary General
 Other (specify) **OTHER**

State: District:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

C C60000072

Transaction ID : SB23.56974

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. FIRST STATE PAC

Mailing Address P.O. Box 70179

City
WASHINGTON

State
DC

Zip Code
20024

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2019
 Primary General
 Other (specify) **OTHER**

State: District:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

C C00363648

Transaction ID : SB23.56975

Amount of Each Disbursement this Period

Memo Item

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

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. GEORGIANS FOR ISAKSON

Mailing Address 1111 19TH STREET, NW
SUITE 100

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: GA District: 00

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2019

FEC Identification Number

C C00384693

Transaction ID : SB23.56976

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. HEARTLAND VALUES PAC

Mailing Address PO BOX 505

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2019

FEC Identification Number

C C00409003

Transaction ID : SB23.56977

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MATSUI FOR CONGRESS

Mailing Address P.O. BOX 83142

City GAITHERSBURG State MD Zip Code 20883

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: CA District: 06

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2019

FEC Identification Number

C C00409219

Transaction ID : SB23.56978

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) A. MCCARTHY VICTORY FUND		Date of Disbursement MM / DD / YYYY 02 / 15 / 2019
Mailing Address 439 NEW JERSEY AVE, SE		FEC Identification Number C 000541011 Transaction ID : SB23.56979 Amount of Each Disbursement this Period 2500.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ OTHER	<input type="checkbox"/> Memo Item
State: CA	District: 23	

Full Name (Last, First, Middle Initial) B. MULLIN FOR CONGRESS		Date of Disbursement MM / DD / YYYY 02 / 15 / 2019
Mailing Address 439 NEW JERSEY AVE, SE		FEC Identification Number C 000498345 Transaction ID : SB23.56981 Amount of Each Disbursement this Period 1000.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: OK	District: 02	

Full Name (Last, First, Middle Initial) C. NEW DEMOCRAT COALITION PAC		Date of Disbursement MM / DD / YYYY 02 / 15 / 2019
Mailing Address 233 PENNSYLVANIA AVE, SE 2ND FLOOR		FEC Identification Number C 000409730 Transaction ID : SB23.56982 Amount of Each Disbursement this Period 5000.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ OTHER	<input type="checkbox"/> Memo Item
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	8500.00
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. NRCC

Mailing Address 320 FIRST STREET

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2019
 Primary General
 Other (specify) **OTHER**

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB23.56983

Amount of Each Disbursement this Period

[REDACTED] 15000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City
LONG BRANCH

State
NJ

Zip Code
07740

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: NJ District: 06

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2019

FEC Identification Number

C C00226928

Transaction ID : SB23.56985

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TERRI SEWELL FOR CONGRESS

Mailing Address 499 S CAPITAL STREET, SW
SUITE 422

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: AL District: 07

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2019

FEC Identification Number

C C00458976

Transaction ID : SB23.56986

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

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

[REDACTED] 17000.00

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

[REDACTED]

**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. TUESDAY GROUP POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2019

Mailing Address 209 PENNSYLVANIA AVE, SE

FEC Identification Number

C C00433060

Transaction ID : SB23.56987

Amount of Each Disbursement this Period

5000.00

Memo Item

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2019 Primary General Other (specify) OTHER

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

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

5000.00

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

67000.00