IIIage# 202004109219887378			I	PAGE 1 / 22
FEC FORM 3X	REPORT OF AND DISBU For Other Than An A	RSEMENT	S	Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typin over the lines.	ng, type 12FE4N	
College of American	Pathologists Politica	I Action Committe	9 6 	
ADDRESS (number and street)	1001 G Street NW			
Check if different than previously				
reported. (ACC)				
2. FEC IDENTIFICATION	NUMBER V	CITY 🔺	STATE 🔺	ZIP CODE
C C00274944	3.			AMENDED A)
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report July 15 	t (Q1)	Mar 20 (M3)	Jun 20 (M6) Se Jul 20 (M7) Oc	Ig 20 (M8) Nov 20 (M11) (Non-Election Year Only) Image: P 20 (M9) Dec 20 (M12) (Non-Election Year Only) Image: P 20 (M9) Jan 31 (YE) Image: P 20 (M10) Jan 31 (YE) Image: P 20 (M10) Runoff (12R)
Quarterly Repor October 15 Quarterly Repor January 31 Year-End Repor	t (Q2) Report for the t (Q3) Ele		12C) Specia	I (12S) Y in the State of
July 31 Mid-Yea Report (Non-ele Year Only) (MY)	ction POST-Election Report for the	· · · ·	G) Runoff	(30R) Special (30S)
Termination Rep (TER)		ection on	D = D / Y = Y = Y =	Y in the State of
5. Covering Period	03 / D D / Y Y 01 202	through	M M / D D 03 31	2020
I certify that I have examined Type or Print Name of Treas	Konnick, Eric, , Dr., MD,		belief it is true, correct a	and complete.
K Signature of Treasurer	ionnick, Eric, , Dr., MD,MS	[Electronically	w <i>Filed]</i> Date 04	M / D D / Y Y Y Y Y 16 2020
NOTE: Submission of false, er	roneous, or incomplete informa	ation may subject the per-	son signing this Report to	the penalties of 52 U.S.C. § 3010
Office Use Only				FEC FORM 3X Rev. 05/2016

04/16/2020 15 : 23

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x

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

College of American Pathologists Political Action Committee

R	Report Covering the Period: From: 03		b: 03 / D D / Y Y Y Y Y 31 2020
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2020		395573.09
	(b) Cash on Hand at Beginning of Reporting Period	445682.12	
	(c) Total Receipts (from Line 19)	28935.00	79331.00
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	474617.12	474904.09
7.	Total Disbursements (from Line 31)	134.09	421.06
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	474483.03	474483.03
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

R	eport Covering the Period: From:	/ 01 / Y	03 / D D / Y Y Y Y 2020				
	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)	25925.00	68190.00				
	(ii) Unitemized	3010.00	11141.00				
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	28935.00	79331.00				
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00				
	(such as PACs) (d) Total Contributions (add Lines	0.00	0.00				
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	28935.00	79331.00				
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00				
13.	All Loans Received	0.00	0.00				
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00				
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00				
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00				
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00				
	(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))▶	28935.00	79331.00				
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)►	28935.00	79331.00				

(subtract Line 18(c) from Line 19).....▶

Page 3

I

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4 COLUMN B Calendar Year-to-Date		
II. Disbursements	COLUMN A Total This Period			
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Tear-to-Date		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	134.09	421.00		
(c) Total Operating Expenditures	134.09	421.00		
(add 21(a)(i), (a)(ii), and (b))	134.09	421.00		
Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00		
Independent Expenditures (use Schedule E)	0.00	0.00		
Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00			
		0.00		
Loans Made Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00		
Than Political Committees	0.00	0.00		
(b) Political Party Committees(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00		
Other Disbursements (Including		0.00		
Non-Federal Donations)	0.00	0.00		
Federal Election Activity (52 U.S.C. § 3010 (a) Allocated Federal Election Activity (from Schedule H6)	1(20))			
(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		
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	134.09	421.00		
Total Federal Disbursements		, , , , , , , , , , , , , , , , , , , ,		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	134.09	404.00		
	104.00	421.06		

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FFC	Form	3X	(Rev	05/2016)
1 20	1 01111	57	(110 .	05/2010	,

III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36)

					28935.00
		-7		-7	
					0.00
	1	-	1	-7	0.00
					28935.00
		7		- 7	28935.00
					424.00
		7		 7	134.09
		-7-		 -7	0.00
					· · · · · · · · ·
1.		_		-	134.09

79331.00				
79551.00		-7		<u></u>
0.00				
0.00	1	-7		
79331.00				
10001.00	1	-7		<u></u>
421.06				
	1	7		1.00
0.00				
	-	7	-	
421.06				
	 	-7-		1.00

COLUMN B

Calendar Year-to-Date

Page 5

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

FOR LINE NUMBER:

PAGE 6 OF

171			Use separate schedule(s)	(ch	(check only one)						
111			for each category of the Detailed Summary Page		4 11a		11b	11c	12		
	y information copied from such Reports and Sta for commercial purposes, other than using the r										
$\overline{\ }$	NAME OF COMMITTEE (In Full)										
$\Big\rangle$	College of American Pathologists	s Politica	al Action Committee								
Α.	Full Name of Individual (Last, First, Middle Initia Babkowski, Robert, C, Dr., MD	al) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 1 Hospital Plaza				м м 03	/	D D 10	/ Y	y y 2020	Y	
	City Stamford	State CT	Zip Code 06904					SA11AI.			
			00904	_	Amount	of	Each R	eceipt th	is Period		
	FEC ID number of contributing federal political committee.	С			Ľ	_			1000.0	00	
	Name of Employer (for Individual) Stamford Hospital		upation (for Individual) nologist		Me	emc	ltem				
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify) ▼		1000.00	11							
				11							
в.	Full Name of Individual (Last, First, Middle Initia Bee, Christopher, Scott, Dr., MD	al) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 1412 Wimbledon Ct				03 16 / Y Y Y Y 2020						
	City	State	Zip Code				-	SA11AL			
	Fort Collins	CO	80524-2219	_	Amount	of	Each R	eceipt th	is Period		
	FEC ID number of contributing federal political committee.	C					-	-	500.0	00	
	Name of Employer (for Individual) Poudre Valley Hospital		upation (for Individual) nologist		Me	emc	Item				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		500.00	1							
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Blight, Cathy, O, Dr., MD	al) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 2615 Circle Dr				03 ^M	/	D D D 12	/ Y	y y 2020	Y	
	City	State MI	Zip Code					SA11AI.			
	Flint		48507-1807	_	Amount	of	Each R	eceipt th	is Period		
	FEC ID number of contributing federal political committee.	С			Ľ.	_	y		500.0	00	
	Name of Employer (for Individual) Unafilliated		upation (for Individual) Memo Item								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)	500.00									
s	UBTOTAL of Receipts This Page (optional)								2000.0	00	
	OTAL This Period (last page this line number or			•			,				

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PAGE 7 OF

			Use separate schedule(s)	(ch	(check only one)						
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	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		pose of	soliciting	contribu	tions	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologists	s Politica	al Action Committee								
A.	Full Name of Individual (Last, First, Middle Initia Bourtsos, Eleni, P, Dr., MD	al) or Full Or	rganization Name		Date of	Re	eceipt				
	Mailing Address 278 COE Rd				м м 03	/	D 10) / Y	ү ү 2020	Y	
	City Clarendon Hills	State IL	Zip Code 60514-1064					SA11AI. Receipt th	58387 iis Period	_	
	FEC ID number of contributing federal political committee.	С			<u> </u>		- 1		250.	00	
	Name of Employer (for Individual) Adventist Midwest HIth dba Adventist L		upation (for Individual) nologist		Me	emc	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]							
в.	Full Name of Individual (Last, First, Middle Initia Breckenridge, Robert, L, Dr., MD, MB		rganization Name		Date of	Re	eceipt				
	Mailing Address 4770 Regent Blvd				м м 03	/	03		y y 2020	Y	
	City Irving	State TX	Zip Code 75063				-	SA11AL	58360 iis Period		
	FEC ID number of contributing federal political committee.	С							500.	_	
	Name of Employer (for Individual) Quest Diagnostics		upation (for Individual) hologist		Me	emc	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]							
С.	Full Name of Individual (Last, First, Middle Initia Cao, Jeffrey, D, Dr., MD	al) or Full Or	rganization Name		Date of	Re	eceipt				
	Mailing Address Dept of Path AH 301 11021 Campus St	1-			^M 03	/	D 10		y y 2020	Y	
	City Loma Linda	State CA	Zip Code 92350					SA11AI. Receipt th	58392 iis Period		
	FEC ID number of contributing federal political committee.	С			<u> </u>		, .	,	1000.	00	
Name of Employer (for Individual) Loma Linda Univ Med Ctr		Occupation (for Individual) Pathologist			Me	emo	ttem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00]							
s	UBTOTAL of Receipts This Page (optional)			•			, .	. ,	1750.	00	
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II EIVILED RECEIPIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
			erson for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)		_						
College of American Patholo	ogists Politica	al Action Committee						
Full Name of Individual (Last, First, Midd A. Champagne, Ronald, , Dr., MD	le Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address Dept of Path			03 03 2020					
210 W Walnut St City	State	Zip Code	Transaction ID : SA11AI.58361					
Canton	IL	61520-2444	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		250.00					
Name of Employer (for Individual) Graham Hospital		upation (for Individual) nologist	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify) ▼		250.00]					
Full Name of Individual (Last, First, Midd B. Clarke, Martha, R, Dr., MD	le Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 1000 Bower Hill Rd			03 27 2020					
City	State	Zip Code	Transaction ID : SA11AI.58441					
Pittsburgh		15243-1873	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		1000.00					
Name of Employer (for Individual) St Clair Memorial Hospital		upation (for Individual) hologist	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify) ▼		1000.00]					
Full Name of Individual (Last, First, Midd C. Clary, Karen, M, Dr., MD	le Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address Department of Pathology 1425 Portland Ave			03 / D D / Y Y Y Y 03 16 2020					
City Rochester	State NY	Zip Code 14621-3001	Transaction ID : SA11AI.58425 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		250.00					
Name of Employer (for Individual) Rochester Genl Hosp		upation (for Individual) ologist	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼	1					
Other (specify)		250.00	1					
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		Use separate schedule(s)	(check only one)					
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full) College of American Pathologi	ists Politica	al Action Committee						
Full Name of Individual (Last, First, Middle I Cohen, Michael, B, Dr., MD	nitial) or Full C	rganization Name	Date of Receipt					
Mailing Address 2420 Country Club Rd			M M / D D / Y Y Y Y 03 27 2020					
City Winston Salem	State NC	Zip Code 27104-4136	Transaction ID : SA11AI.58442 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		500.00					
Name of Employer (for Individual) Wake Forest University Health Sciences		upation (for Individual) nologist	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]					
Full Name of Individual (Last, First, Middle I B. Collins, Timothy, J, Dr., MD	nitial) or Full C	rganization Name	Date of Receipt					
Mailing Address 130 Lebanon Hwy			03 04 Y Y Y Y 2020					
City Carthage	State TN	Zip Code 37030-2955	Transaction ID : SA11AI.58377					
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period					
Name of Employer (for Individual) Community Path Lab LLC dba Cookville P		upation (for Individual) hologist	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]					
Full Name of Individual (Last, First, Middle I Cooper Jr, Thomas, J, Dr., MD	nitial) or Full C	rganization Name	Date of Receipt					
Mailing Address 5620 E El Parque St			03 / D D / Y Y Y Y 2020					
City Long Beach	State CA	Zip Code 90815-4129	Transaction ID : SA11AI.58439 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		100.00					
Name of Employer (for Individual) Unaffiliated		upation (for Individual) nologist	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00]					
SUBTOTAL of Receipts This Page (optional)			850.00					
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PAGE 10 OF

ידו			Use separate schedule(s)	(che	eck only	y or	ne)	L	-			
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	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciting	g contri	ibutio	ns	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologist	s Politica	al Action Committee									
A.	Full Name of Individual (Last, First, Middle Initia Davey, Diane, Davis, Dr., MD	al) or Full O	rganization Name		Date of Receipt							
	Mailing Address 9885 Leland Dr				03 10 / Y Y Y Y Y 03 10 2020							
	City Orlando	State FL	Zip Code 32827-5745		Transaction ID : SA11AI.58384 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С							25	50.00		
	Name of Employer (for Individual) UCF College of Medicine		upation (for Individual) nologist		M	emc	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]								
в.	Full Name of Individual (Last, First, Middle Initia Durham, Janet, R, Dr., MD	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address N17W30743 Woodland Hill Dr				03	1	D D 30	/ Y	2020			
	City Delafield	State WI	Zip Code 53018-2155				ion ID : S	-				
	FEC ID number of contributing federal political committee.	С						eceipt th		00.00		
	Name of Employer (for Individual) Aurora Health ACL Labs	Occupation (for Individual) Pathologist			M	emc	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]								
C.	Full Name of Individual (Last, First, Middle Initia Elliott, James, N, Dr., MD	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address Dept of Path 8118 Good Luck Rd City	State	Zip Code		03	/ 	03		2020			
	Lanham	MD	20706-3574				Each R			od		
	FEC ID number of contributing federal political committee.	С					, .	y	25	50.00		
	Name of Employer (for Individual) Doctors Community Hospital		upation (for Individual) ologist		M	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00										
s	UBTOTAL of Receipts This Page (optional)						, .		150	00.00		
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12	17		
Any information copied from such Reports and or for commercial purposes, other than using t				or the p		ose of	soliciting	contribut	tions		
NAME OF COMMITTEE (In Full)											
College of American Patholog	ists Politica	al Action Committee									
Full Name of Individual (Last, First, Middle Evans, Juanita, J, Dr., MD	Initial) or Full O	rganization Name	D	ate of	Red	ceipt					
Mailing Address 4009 Kent Rd				03 05 Y Y Y Y 2020							
City Royal Oak	State MI	Zip Code 48073		Transaction ID : SA11AI.58380 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С						-	250.0	00		
Name of Employer (for Individual) Providence - Providence Park Hosp		upation (for Individual) nologist		Me	emo	Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
Full Name of Individual (Last, First, Middle B. Fody, Edward, P, Dr., MD	Initial) or Full O	rganization Name		ate of	Re	ceint					
Mailing Address 6574 Partridge Ln			_	03	/	D D D 12	/ Y	2020	Y		
City Holland	State MI	Zip Code 49423-8965		Transaction ID : SA11AI.58412 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С			mount				2500.0	00		
Name of Employer (for Individual) Holland Hospital		Occupation (for Individual) Pathologist			emo	Item					
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		2500.00]								
Full Name of Individual (Last, First, Middle C. Gillespie, Alexandra, J., Dr., MD		rganization Name	D	ate of	Ree	ceipt					
Mailing Address 3111 Beverly Dr			_ [03	/	D D D 16	/ Y	2020 [°]	Υ		
City Dallas	State TX	Zip Code 75205-2922					SA11AI. eceipt th	58420 is Period			
FEC ID number of contributing federal political committee.	С		ļ	_		y	9	250.0	00		
Name of Employer (for Individual) PathAdvantage Associated		upation (for Individual) nologist		Me	emo	ltem					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00									
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PAGE 12 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)							
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Any information copied from such Reports and or for commercial purposes, other than using			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) College of American Patholog	jists Politica	al Action Committee								
Full Name of Individual (Last, First, Middle Gochman, Gary, A, Dr., MD	Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 16452 Sundancer Ln			M M / D D / Y Y Y Y Y 03 10 2020							
City Huntington Beach	State CA	Zip Code 92649-2532	Transaction ID : SA11AI.58389 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		250.00							
Name of Employer (for Individual) Kaiser Foundation Hosp Downey		upation (for Individual) hologist	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1							
Full Name of Individual (Last, First, Middle B. Grabbe, John, Peter, Dr., MD	Initial) or Full C	organization Name	Date of Receipt							
Mailing Address Dept of Path 1493 Cambridge St			M M / D D / Y							
City Cambridge	State MA	Zip Code 02139-1047	Transaction ID : SA11AI.58373 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C									
Name of Employer (for Individual) Cambridge Health Alliance		upation (for Individual) hologist	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]							
Full Name of Individual (Last, First, Middle C. Griswold, Richard, D, Dr., MD	Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 1760 Woodside Cir			03 / D D / Y Y Y Y Y 2020							
City Tupelo	State MS	Zip Code 38801-7927	Transaction ID : SA11AI.58395 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		500.00							
Name of Employer (for Individual) North Mississippi Med Ctr Receipt For:	Path	upation (for Individual) nologist	Memo Item							
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Α.	Full Name of Individual (Last, First, Middle Initi Hurwitz, Herman, S, Dr., MD	ial) or Full Oi	rganization Name		Date of Receipt								
	Mailing Address 1004 Annapolis Ln.				03 / D D / Y Y Y Y 11 2020								
	City Cherry Hill	State NJ	Zip Code 08003-2800	_	Transaction ID : SA11AI.58405 Amount of Each Receipt this Period								
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	Name of Employer (for Individual) NorthShore University HealthSystem	Occu Path		M	emo	ttem							
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<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Karon, Bradley, S., Dr., MD, PhD	ial) or Full Oi	rganization Name		Date of	f Re	eceipt						
	Mailing Address Dept of Path 200 First St SW				03	/	10		202	0			
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City Rolling Hills Estates	State CA	Zip Code 90274-4823		ction ID : SA11A of Each Receipt							
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Full Name of Individual (Last, First, Middl B. Martin, David, E, Dr., MD, PhD	e Initial) or Full O	rganization Name	Date of F	Receipt							
Mailing Address 1514 Vernon Rd			03	/ D D / 11	y y y 2020	Y					
City Lagrange	State GA	Zip Code 30240-4131		1.58404 this Period							
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Name of Employer (for Individual) West Georgia Health System		upation (for Individual) hologist	Men	no Item							
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Full Name of Individual (Last, First, Middl C. McCarthy, Paul, , J., Dr.	e Initial) or Full O	rganization Name	Date of F	Receipt							
Mailing Address Department of Pathology 400 W. 16th St. City	State	Zip Code	03 T ransce	16 / 16 / 16 / 16 / 16	2020	Ŷ					
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	y information copied from such Reports and Sta for commercial purposes, other than using the r			erson for the purpose of soliciting contributions								
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Α.	Full Name of Individual (Last, First, Middle Initia McCoy Jr, Franklin, E, Dr., MD Mailing Address 3420 13th Ave E	l) or Full O	rganization Name	Date of Receipt								
	City	State	Zip Code	03 12 2020 Transaction ID : SA11AI.58414								
	Williston	ND	58801-6806	Amount of Each Receipt this Period								
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	Name of Employer (for Individual) Mercy Medical Ctr		upation (for Individual) hologist	Memo Item								
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в.	Full Name of Individual (Last, First, Middle Initia McLawhon, Ronald, W, Dr., MD, PhD		organization Name	Date of Receipt								
	Mailing Address 13310 Hampton Ct			03 10 / Y Y Y Y 2020								
	City	State	Zip Code	Transaction ID : SA11AI.58397								
	Orland Park	IL.	60462-1324	Amount of Each Receipt this Period								
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	Name of Employer (for Individual) UC San Diego Health System		upation (for Individual) hologist									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
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	Mailing Address Dept of Path 401 E Spruce St	-		03 / D D / Y Y Y Y 2020								
	City Garden City	State KS	Zip Code 67846-5679	Transaction ID : SA11AI.58383								
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A.	Full Name of Individual (Last, First, Middle Initi Moad, John, C, Dr., MD	al) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address 2534 Millville Shandon Rd				03 / D D / Y Y Y Y 2020							
	City Hamilton	State OH	Zip Code 45013		Transaction ID : SA11AI.58433 Amount of Each Receipt this Period							
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	Mailing Address Dept of Pathology 1301 Carlisle St			03	/	03	/ Y	y y 2020	Ŷ			
	City Natrona Heights	State PA	Zip Code 15065-1152					SA11AL	58357 iis Period			
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с.	Full Name of Individual (Last, First, Middle Initi Osgood, Rebecca, A, Dr., MD	al) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address 1493 Cambridge St FI 3 Lab				03	/	03		2020 Y	Y		
	City Cambridge	State MA	Zip Code 02139-1047					SA11AI. leceipt th	58359 iis Period			
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N	lailing Address 797 Greens				M M / D D / Y Y Y Y 03 16 2020								
	ity	State	Zip Code		Transaction ID : SA11AI.58427								
_	Dallas	PA 18612-1864				Amount of Each Receipt this Period							
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	Schnabel, James, Joseph, Dr., MD, P	hD		_	Date of	Re	ceipt						
N	lailing Address 11308 Woodbridge Rd				^M 03	/	D D 12	/ Y	2020	Y Y)			
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N	lailing Address 960 Saint Matthews Road				03	/	01	/ Y	2020		1		
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NAME OF COMMITTEE (In Full) College of American Pathologis	sts Political Action Committee	
A. Full Name of Individual (Last, First, Middle In Valentino, Leonard, A, Dr, MD Mailing Address 105A Cooper Ct City Los Gatos	itial) or Full Organization Name State Zip Code CA 95032-7604	Date of Receipt 03 Transaction ID : SA11AI.58426 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Associated Path Med Group, Inc Receipt For: □ Primary □ General Other (specify) ▼	C Occupation (for Individual) Pathologist Aggregate Year-to-Date 250.00	250.00
Full Name of Individual (Last, First, Middle In B. Wallace, Timothy, M, Dr., MD Mailing Address 17010 Sanctuary Trl City Brookfield FEC ID number of contributing federal political committee. Name of Employer (for Individual) Aurora Medical Center - Summit Receipt For: Primary General Other (specify) ▼	itial) or Full Organization Name State Zip Code WI 53005-5751 C Occupation (for Individual) Pathologist Aggregate Year-to-Date ▼ 1000.00 1000.00	Date of Receipt
Full Name of Individual (Last, First, Middle In Ward, Stephen, Christopher, Dr., Mailing Address Annenberg Bldg/Dept of Path One Gustave L Levy Place City New York FEC ID number of contributing federal political committee. Name of Employer (for Individual) Mt. Sinai School of Medicine Receipt For: Primary General Other (specify)	MD, PhD	Date of Receipt
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	Name of Employer (for Individual) The Delta Pathology Group		pation (for Individual) ologist		Mem	o Item						
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	Mailing Address Path and Micro 983135 Nebraska Medical Ctr			0		D D D 16	/ Y	y y 2020	Ý			
	City Omaha	State NE	Zip Code 68198-3135			tion ID : S Each Re			t			
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	Name of Employer (for Individual) Univ of Nebraska Med Ctr	Occupation (for Individual) Pathologist			Mem	o Item						
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с.	Full Name of Individual (Last, First, Middle Initia Wilkinson, Brian, L, Dr., MD	l) or Full Or	ganization Name	Date	of R	eceipt						
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Mailing Address 1713 Water Lily Dr				Model P								
City Southlake	State TX	Zip Code 76092-5861										
FEC ID number of contributing federal political committee.	С				-		2000.0	00				
Name of Employer (for Individual) Texas Health Presbyterian Hospital Den		upation (for Individual) nologist		Mer	no Item							
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Full Name of Individual (Last, First, Middle B. Zimmerman, Michelle, K, Dr., ME		rganization Name	Dat	e of F	Receipt							
Mailing Address 430 Buckingham Dr				03	/ D		y y 2020	Y				
City Indianapolis	State	Zip Code 46208-3612				: SA11AL						
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Name of Employer (for Individual) DPLM at Indiana Univ Health Pathology					no Item							
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	Candidate Name		Category/ Type			Transaction ID : SB21B.58448 Amount of Each Disbursement this Period												
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	President							mo l	tem									
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В.	Full Name (Last, First, Middle Initial) Sun Trust Bank						Date of Disbursement											
	Mailing Address P.O. Box 85024								03 19 2020									
	City Richmond	State VA						entifi	catior	n Num	ber							
	Purpose of Disbursement March Account Analysis Fee							С										
	Candidate Name	Cate	egor /pe	ry/	Transaction ID : SB21B.58447 Amount of Each Disbursement this Period													
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	President	Senate Primary General President Other (specify)					Memo Item											
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