

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 C C00274944 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20 [X], Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 02 / 01 / 2020 through 02 / 29 / 2020

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 / 19 / 2020

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**College of American Pathologists Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text" value=""/>	<input type="text" value="395573.09"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="406539.09"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="39365.00"/>	<input type="text" value="50396.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="445904.09"/>	<input type="text" value="445969.09"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="221.97"/>	<input type="text" value="286.97"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="445682.12"/>	<input type="text" value="445682.12"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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:  /  /

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).....	33290.00	42265.00
(ii) Unitemized .....	6075.00	8131.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	39365.00	50396.00
(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) .....	39365.00	50396.00
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)).....▶	39365.00	50396.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	39365.00	50396.00

**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 .....	221.97	286.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	221.97	286.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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)) ..	221.97	286.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	221.97	286.97

**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) .....	39365.00	50396.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	39365.00	50396.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	221.97	286.97
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	221.97	286.97

**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 27
<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. Abel, Gyorgy, , Dr., MD, PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Lab Medicine  
41 Mall Rd

City Burlington State MA Zip Code 01805-0001

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

Name of Employer (for Individual) Lahey Clin Burlington Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 21 / 2020  
**Transaction ID : SA11AI.58243**

Amount of Each Receipt this Period 500.00

Memo Item

**B. Argyres, Michael, Isaac, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Pathology  
10400 75th St

City Kenosha State WI Zip Code 53142-7884

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

Name of Employer (for Individual) Aurora Med Ctr-Kenosha Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2020  
**Transaction ID : SA11AI.58344**

Amount of Each Receipt this Period 500.00

Memo Item

**C. Bachner, Paul, , Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 874 McMeekin Pl

City Lexington State KY Zip Code 40502-2788

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 02 / 27 / 2020  
**Transaction ID : SA11AI.58327**

Amount of Each Receipt this Period 500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<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 7 OF 27
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Barbeau, James, M, Dr., MD, JD**

Mailing Address Dept of Path  
1901 Perdido St Rm 5143

City New Orleans State LA Zip Code 70112-1393

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

Name of Employer (for Individual) Lifespan Academic Medical Center Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 27 / 2020**

**Transaction ID : SA11AI.58317**

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address The Pathology Ctr  
8303 Dodge St

City Omaha State NE Zip Code 68114-4108

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

Name of Employer (for Individual) Methodist Hospital Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 21 / 2020**

**Transaction ID : SA11AI.58247**

Amount of Each Receipt this Period 250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Berg III, Eric, W, Col, MD**

Mailing Address 551 Pond Apple Rd

City Clarksville State TN Zip Code 37043-2211

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

Name of Employer (for Individual) Blanchfield Army Community Hospital Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 28 / 2020**

**Transaction ID : SA11AI.58340**

Amount of Each Receipt this Period 250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<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 27
	<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. Bohlmeier, Teresa, Joy, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 156 Vilulah Church Rd  
 City Coleman State GA Zip Code 39836-4412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Physicians Lab of NW Iowa Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 21 / 2020  
**Transaction ID : SA11AI.58285**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Branton, Philip, A, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Biorepositories and Biospecs Rsch  
 9609 Medical Center Dr, Canc Diag  
 City Rockville State MD Zip Code 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Institute of Health Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 25 / 2020  
**Transaction ID : SA11AI.58308**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Bui, Marilyn, M., Dr., MD, PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Anat Path  
 12902 USF Magnolia Dr  
 City Tampa State FL Zip Code 33612-9416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) H Lee Moffitt Cancer Center Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 21 / 2020  
**Transaction ID : SA11AI.58265**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1115.00  
**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 27
	<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. Cantrell, Brett, B., Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path  
 1 Shircliff Way  
 City Jacksonville State FL Zip Code 32204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St Vincent's Med Ctr Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 02 / 25 / 2020  
**Transaction ID : SA11AI.58297**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Carr Jr, Robert, F, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path  
 130 S Bryn Mawr Ave  
 City Bryn Mawr State PA Zip Code 19010-3121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Main Line Hospitals Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 02 / 27 / 2020  
**Transaction ID : SA11AI.58332**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Casas, Victor, , Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path  
 65 James St  
 City Edison State NJ Zip Code 08820-3947  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JFK Medical Center Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 02 / 21 / 2020  
**Transaction ID : SA11AI.58289**  
 Amount of Each Receipt this Period 500.00  
 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 10 OF 27
<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. Chang, Anthony, , Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5841 S Maryland Ave MC 6101  
 City Chicago State IL Zip Code 60637-1447  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Chicago Hospitals Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2020  
**Transaction ID : SA11AI.58338**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Collum, Earle, S, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 W Rose Ln  
 City Phoenix State AZ Zip Code 85013-1525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Laboratory Corporation of America Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 19 / 2020  
**Transaction ID : SA11AI.58223**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Cresson, David, , H, Dr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1914 Thomson Dr  
 City Lynchburg State VA Zip Code 24501-1009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pathology Consultants of Central VA Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 27 / 2020  
**Transaction ID : SA11AI.58204**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<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 11 OF 27
<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. Dombrowski, Anthony, M., Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Section of Path  
500 Remington Blvd

City Bolingbrook State IL Zip Code 60440-4906

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

Name of Employer (for Individual) Adventist Bolingbrook Hospital Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 21 / 2020  
**Transaction ID : SA11AI.58237**

Amount of Each Receipt this Period 400.00

Memo Item

**B. Drwiega, Paul, James, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5353 Reynolds St

City Savannah State GA Zip Code 31405-6015

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

Name of Employer (for Individual) Candler Hospital Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 27 / 2020  
**Transaction ID : SA11AI.58328**

Amount of Each Receipt this Period 250.00

Memo Item

**C. Duncan, Keith, Lawton, Dr., MD, PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Path  
1501 Trousdale Dr

City Burlingame State CA Zip Code 94010-4506

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

Name of Employer (for Individual) Mills - Peninsula Medical Center Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 21 / 2020  
**Transaction ID : SA11AI.58257**

Amount of Each Receipt this Period 250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<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 12 OF 27
<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. Earle, Jonathan, Scott, Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Path  
80 Seymour St

City Hartford State CT Zip Code 06102-5037

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

Name of Employer (for Individual) Hartford Hospital Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 21 / 2020  
**Transaction ID : SA11AI.58254**

Amount of Each Receipt this Period 300.00

Memo Item

**B. Eisen, Richard, N, Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18780 N. 95th Way

City Scottsdale State AZ Zip Code 85255

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

Name of Employer (for Individual) Banner Thunderbird Med Ctr Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 25 / 2020  
**Transaction ID : SA11AI.58309**

Amount of Each Receipt this Period 250.00

Memo Item

**C. Eriksen, Brenda, Lee, Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Path  
901 MacArthur Blvd

City Munster State IN Zip Code 46321-2901

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

Name of Employer (for Individual) The Community Hospital Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 21 / 2020  
**Transaction ID : SA11AI.58238**

Amount of Each Receipt this Period 1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1550.00
<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 13 OF 27
<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. Feran, Marianne, L., Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 Whittier St  
 City Melrose State MA Zip Code 02176-3601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hallmark Hlth Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 21 / 2020  
**Transaction ID : SA11AI.58264**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Forsyth, Jennifer, , Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Natural Resources Dr  
 City Little Rock State AR Zip Code 72205-1539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Crime Laboratory Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 21 / 2020  
**Transaction ID : SA11AI.58246**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Gill, Stephen, A, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Laboratory 7700 Floyd Curl Dr  
 City San Antonio State TX Zip Code 78229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southwest Texas Methodist Hosp Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 21 / 2020  
**Transaction ID : SA11AI.58284**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<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 14 OF 27
<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. Goswitz, Joseph, J., Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 311 Woodlawn Ave  
 City Saint Paul State MN Zip Code 55105-1239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mercy Hospital Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 25 / 2020  
**Transaction ID : SA11AI.58301**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Hammock, Lauren, A, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 72059  
 City Eugene State OR Zip Code 97401-0285  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pathology Consultants PC Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 02 / 21 / 2020  
**Transaction ID : SA11AI.58258**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**C. Hebert, Michelle, M, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 914 Elkins Lake  
 1912 Rollingwood Dr  
 City Huntsville State TX Zip Code 77340-8803  
 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 ▼ 250.00

Date of Receipt 02 / 01 / 2020  
**Transaction ID : SA11AI.58207**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<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 15 OF 27
	<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. 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 / 27 / 2020  
**Transaction ID : SA11AI.58314**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Hewitt, David, S, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 316 S Dunworth St  
 City Visalia State CA Zip Code 93292-6702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Visalia Path Grp Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 21 / 2020  
**Transaction ID : SA11AI.58241**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Huddleston, David, J., Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path 1304 Franklin Ave  
 City Normal State IL Zip Code 61761-3558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Advocate Bromenn Medical Center Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 21 / 2020  
**Transaction ID : SA11AI.58240**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<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 16 OF 27
<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. Jhaveri, Bharati, Suketu, Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1312 Woods Farm Ln

City Springfield	State IL	Zip Code 62704-6545
---------------------	-------------	------------------------

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

Name of Employer (for Individual) St John's Hospital	Occupation (for Individual) Pathologist
---	--

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
02	/	25	/	2020

**Transaction ID : SA11AI.58296**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Johnson, Rebecca, L., Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 107 Bermuda Ave

City Tampa	State FL	Zip Code 33606
---------------	-------------	-------------------

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

Name of Employer (for Individual) American Board of Pathology	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	/	21	/	2020

**Transaction ID : SA11AI.58276**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Kennedy, Jan, Cecelia, Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Path  
2701 N Decatur Rd

City Decatur	State GA	Zip Code 30033-5918
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Emory Decatur Hospital	Occupation (for Individual) Pathologist
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2020

**Transaction ID : SA11AI.58318**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<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 17 OF 27
<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. Kenyon, Lawrence, C., Dr., MD, PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 132 S 10th St  
 City Philadelphia State PA Zip Code 19107-5244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Thomas Jefferson University Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 21 / 2020  
**Transaction ID : SA11AI.58259**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**B. Kozel, Jessica, Ann, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3548 W 143rd TER  
 City Leawood State KS Zip Code 66224-9406  
 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 ▼ 500.00

Date of Receipt 02 / 19 / 2020  
**Transaction ID : SA11AI.58224**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Krauss, Jonathan, Seth, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 911 Stanton Dr  
 City North Augusta State SC Zip Code 29841-3216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MCG Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 27 / 2020  
**Transaction ID : SA11AI.58321**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1150.00
<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 18 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. LeBoit, Philip, E., Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1922 Pierce St  
 City San Francisco State CA Zip Code 94115-2622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of California at San Franci Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 02 / 21 / 2020  
**Transaction ID : SA11AI.58274**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. Levy, Rebecca, Anne, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4301 W Markham Rm B.095  
 City Little Rock State AR Zip Code 72205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Arkansas for Med Sci Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 21 / 2020  
**Transaction ID : SA11AI.58277**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. 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 02 / 28 / 2020  
**Transaction ID : SA11AI.58343**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3100.00
<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 19 OF 27
<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. Marboe, Charles, C., Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept Of Pathology Ph15w-1574  
 630 W 168th St  
 City New York State NY Zip Code 10032-3725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Presb Hosp/Columbia Presb Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 21 / 2020  
**Transaction ID : SA11AI.58239**  
 Amount of Each Receipt this Period 250.00  
 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 ▼ 450.00

Date of Receipt 02 / 19 / 2020  
**Transaction ID : SA11AI.58225**  
 Amount of Each Receipt this Period 225.00  
 Memo Item

**c. Monheit, Jacqueline, Graubard, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5463 Darnell St  
 City Houston State TX Zip Code 77096-1245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Baylor College of Medicine Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 27 / 2020  
**Transaction ID : SA11AI.58316**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	725.00
<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 20 OF 27
	<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. Nakashima, Megan, O, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9500 Euclid Ave L-30  
 City Cleveland State OH Zip Code 44195-0001  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Cleveland Clinic Foundation Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 02 / 24 / 2020  
**Transaction ID : SA11AI.58293**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Neitzel, Gary, , F., Dr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address ACL Laboratories  
 2900 W. Oklahoma Avenue  
 City Milwaukee State WI Zip Code 53215-4330  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) St. Luke's Med Ctr Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 28 / 2020  
**Transaction ID : SA11AI.58342**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Newby, John, G, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path  
 11110 Medical Campus Rd Ste 230  
 City Hagerstown State MD Zip Code 21742-6727  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Meritus Health Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 02 / 21 / 2020  
**Transaction ID : SA11AI.58250**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<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 21 OF 27
	<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. Pena, Elpidio, De Jesus, Dr., MD, MA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1520 Goddard Ave  
 City Louisville State KY Zip Code 40204-1546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Norton & Norton Children's Hospitals Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 02 / 21 / 2020  
**Transaction ID : SA11AI.58242**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. Putzi, Mathew, J, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1301 W 38th St Ste 200  
 City Austin State TX Zip Code 78705-1011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Seton Healthcare Family Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 21 / 2020  
**Transaction ID : SA11AI.58268**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Rodriguez, Michelle, E, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 310 Highland Springs  
 City Georgetown State TX Zip Code 78633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Baylor Scott & White Medical Center Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 12 / 2020  
**Transaction ID : SA11AI.58214**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3250.00
<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 22 OF 27
<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. Rodriguez, Michelle, E, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Path  
2401 South 31st St

City Temple State TX Zip Code 76508-0001

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

Name of Employer (for Individual) Baylor Scott & White Medical Center Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 25 / 2020  
**Transaction ID : SA11AI.58306**

Amount of Each Receipt this Period 400.00

Memo Item

**B. Rogers, Beverly, B, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1001 Johnson Ferry Rd NE

City Atlanta State GA Zip Code 30342-1605

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

Name of Employer (for Individual) Children's Healthcare of Atlanta at Sc Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 27 / 2020  
**Transaction ID : SA11AI.58313**

Amount of Each Receipt this Period 250.00

Memo Item

**C. Royer, Michael, C, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 306 12th St NE

City Washington State DC Zip Code 20002-6320

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

Name of Employer (for Individual) Walter Reed Natl Military Med Ctr Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 25 / 2020  
**Transaction ID : SA11AI.58304**

Amount of Each Receipt this Period 500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1150.00
<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 23 OF 27
<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. Schwartz, Mary, R, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path, MS 205  
 6565 Fannin St  
 City Houston State TX Zip Code 77030-2703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Houston Methodist Hospital Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 21 / 2020  
**Transaction ID : SA11AI.58267**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Skitarelic, Kathryn, Frances, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 14th Fairway Ct  
 City Morgantown State WV Zip Code 26508-4575  
 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 ▼ 250.00

Date of Receipt 02 / 21 / 2020  
**Transaction ID : SA11AI.58256**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Smith, Gregory, Michael, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 712 S Cascade St S  
 PO Box 728  
 City Fergus Falls State MN Zip Code 56538-0728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lake Region Hosp Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 25 / 2020  
**Transaction ID : SA11AI.58300**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<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 24 OF 27
	<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. Steele, Paul, Edward, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Path & Lab Med MLC 1010  
 3333 Burnet Ave  
 City Cincinnati State OH Zip Code 45229-3026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cincinnati Childrens Hosp Med Ctr Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 02 / 27 / 2020  
**Transaction ID : SA11AI.58329**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Swierczynski, Sharon, Lynn, Dr., MD, PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6th AND Spruce St  
 6th Ave & Spruce St  
 City Reading State PA Zip Code 19612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Reading Hosp & Med Ctr Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 02 / 20 / 2020  
**Transaction ID : SA11AI.58234**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Tinsley, John, P., Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path  
 206 East Brown Street  
 City East Stroudsburg State PA Zip Code 18301-3006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Network Laboratories Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 02 / 21 / 2020  
**Transaction ID : SA11AI.58249**  
 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 25 OF 27
<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. Waldron, Michael, J, Dr, MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1355 River Bend Dr  
 City Dallas State TX Zip Code 75247-4915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Propath Lab Inc Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 21 / 2020  
**Transaction ID : SA11AI.58269**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. 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 / 28 / 2020  
**Transaction ID : SA11AI.58345**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Wheeler, Thomas, M, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4915 Elm St  
 City Bellaire State TX Zip Code 77401-2810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Baylor College of Medicine Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 19 / 2020  
**Transaction ID : SA11AI.58229**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<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 26 OF 27
<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. Williams, R. Bruce, , Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4801 Ambassador Caffery Pkwy  
 City Lafayette State LA Zip Code 70508-6917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Our Lady of Lourdes Regional MC Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 27 / 2020  
**Transaction ID : SA11AI.58330**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Winters, Jeffrey, Lawrence, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Lab Med and Path 200 1st St SW Hilton Bldg 270A  
 City Rochester State MN Zip Code 55905-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 27 / 2020  
**Transaction ID : SA11AI.58319**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Woods, Jan, E, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Associates of Path 5475 S 500 E  
 City Ogden State UT Zip Code 84405-6905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ogden Reg Med Ctr Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 21 / 2020  
**Transaction ID : SA11AI.58244**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<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: PAGE 27 OF 27  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**College of American Pathologists Political Action Committee**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Young, Nancy, A, Dr., MD

Mailing Address Path and Lab Med  
5501 Old York Rd

City Philadelphia	State PA	Zip Code 19141-3018
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Albert Einstein Med Ctr	Occupation (for Individual) Pathologist
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	21	/	2020

**Transaction ID : SA11AI.58270**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	33290.00