

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 College of American Pathologists Political Action Committee

ADDRESS (number and street) 1001 G Street NW Suite 425 West Washington DC 20001 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00274944 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

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, May 20, Aug 20, Nov 20, Mar 20, Jun 20, Sep 20, Dec 20, Apr 20, Jul 20, Oct 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 04 / 01 / 2020 through 04 / 30 / 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 05 / 20 / 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)

Write or Type Committee Name

College of American Pathologists Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>		395573.09
(b) Cash on Hand at Beginning of Reporting Period.....	474483.03	
(c) Total Receipts (from Line 19)	10170.00	89501.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	484653.03	485074.09
7. Total Disbursements (from Line 31).....	61129.38	61550.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	423523.65	423523.65
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

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).....	8200.00	76390.00
(ii) Unitemized	1970.00	13111.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	10170.00	89501.00
(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)	10170.00	89501.00
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)).....▶	10170.00	89501.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	10170.00	89501.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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	129.38	550.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	129.38	550.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	61000.00	61000.00
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)) ..	61129.38	61550.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	61129.38	61550.44

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	10170.00	89501.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10170.00	89501.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	129.38	550.44
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	129.38	550.44

**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 24
<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. Benjamin, Brent, D, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29435 10th Ave SW
 City Federal Way State WA Zip Code 98023-8294
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Incyte Pathology-Bellevue Branch Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **04 / 24 / 2020**
Transaction ID : SA11AI.58534
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Bertholf, Marsha, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2409 Brun St
 City Houston State TX Zip Code 77019-6701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gulf Coast Regional Blood Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 17 / 2020**
Transaction ID : SA11AI.58523
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Cohen, Michael, B, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2420 Country Club Rd
 City Winston Salem State NC Zip Code 27104-4136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wake Forest University Health Sciences Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2020**
Transaction ID : SA11AI.58549
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Cooper Jr, Thomas, J, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5620 E El Parque St
 City Long Beach State CA Zip Code 90815-4129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Unaffiliated Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 26 / 2020
Transaction ID : SA11AI.58548
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Futoran, Robert, M, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7917 E Alluvial Ave
 City Clovis State CA Zip Code 93619-8235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pathology Associates Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 17 / 2020
Transaction ID : SA11AI.58525
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Hunt Jr, Edgar, Lee, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10345 Magnolia Ln
 City Parkville State MO Zip Code 64152-4997
 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 ▼ 250.00

Date of Receipt 04 / 15 / 2020
Transaction ID : SA11AI.58504
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 24
	<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. Jiang, Ming, , Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Brookdale PLZ

City Brooklyn	State NY	Zip Code 11212-3139
------------------	-------------	------------------------

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

Name of Employer (for Individual) Brookdale University Hospital & Med Ct	Occupation (for Individual) Pathologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2020

Transaction ID : SA11AI.58494

Amount of Each Receipt this Period

250.00

 Memo Item

B. Liu, Fangluo, , Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10710 Harpenden Ave

City Bakersfield	State CA	Zip Code 93311-3517
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Bakersfield Memorial Hosp Lab	Occupation (for Individual) Pathologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2020

Transaction ID : SA11AI.58496

Amount of Each Receipt this Period

400.00

 Memo Item

C. Milless, Tiffani, Lynn, Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3545 Lincoln Place Dr

City Des Moines	State IA	Zip Code 50312-3009
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 15 / 2020

Transaction ID : SA11AI.58517

Amount of Each Receipt this Period

500.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 24
<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. Nachazel, John, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1401 Lachman Ln
 City Pacific Palisades State CA Zip Code 90272-2233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dignity Health-California Hospital Med Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 24 / 2020
Transaction ID : SA11AI.58537
 Amount of Each Receipt this Period 400.00
 Memo Item

B. Nakhleh, Raouf, , E., Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Department of Pathology 4201 Belfort Rd
 City Jacksonville State FL Zip Code 32216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Luke's Hosp Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 15 / 2020
Transaction ID : SA11AI.58512
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Powers, Michelle, Leigh Ehrlich, Dr., MD, MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Path 4300 W Memorial Rd
 City Oklahoma City State OK Zip Code 73120-8304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercy Hospital Oklahoma, Inc Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 21 / 2020
Transaction ID : SA11AI.58532
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 24
<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. Reznicek, Mary, J, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1946 N 74th St
 City Wauwatosa State WI Zip Code 53213-1845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Aurora Health ACL Labs 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
 04 / 24 / 2020
Transaction ID : SA11AI.58541
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Romberger, Charles, F, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Lab
 555 N Duke St
 City Lancaster State PA Zip Code 17602-2250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Lancaster General Hospital 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
 04 / 24 / 2020
Transaction ID : SA11AI.58535
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Simonetti, Anthony, John, Dr., MD, MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 960 Saint Matthews Road
 City Chester Springs State PA Zip Code 19425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Reading Hospital Tower Heath Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2020
Transaction ID : SA11AI.58492
 Amount of Each Receipt this Period
 200.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 24
<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. Synovec, Mark, S, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10047 SW 101st St
 City Auburn State KS Zip Code 66402-9615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stormont- Vail Reg Health Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 04 / 12 / 2020
Transaction ID : SA11AI.58497
 Amount of Each Receipt this Period 750.00
 Memo Item

B. Volmar, Keith, E, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 705 South Bend Drive
 City Durham State NC Zip Code 27713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rex Hospital Lab of Duraleigh Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 24 / 2020
Transaction ID : SA11AI.58538
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Wells, Robert, Brian, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1960 Raveneaux LN
 City Tyler State TX Zip Code 75703-5800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pathology Associates of Tyler Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 17 / 2020
Transaction ID : SA11AI.58527
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2050.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 24
	<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. Wilkenfeld, Jerome, S, Dr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 690685
 City Houston State TX Zip Code 77269-0685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North Cypress Medical Ctr 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
 04 / 24 / 2020
Transaction ID : SA11AI.58536
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Wright jr, Louis, D, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 409 Church St
 City Mount Pleasant State SC Zip Code 29464
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OneTouch 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
 04 / 24 / 2020
Transaction ID : SA11AI.58540
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	8200.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement
RAZ Deposit Fee on Suntrust Stmt

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2020

FEC Identification Number

C
Transaction ID : SB21B.58490
Amount of Each Disbursement this Period
49.38

Memo Item

Full Name (Last, First, Middle Initial)

B. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement
Suntrust Acct Analysis Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2020

FEC Identification Number

C
Transaction ID : SB21B.58491
Amount of Each Disbursement this Period
80.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C
Amount of Each Disbursement this Period

Memo Item

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

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

129.38
129.38

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. ADRIAN SMITH FOR CONGRESS

Mailing Address 439 New Jersey Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: NE District: 03

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2020

FEC Identification Number

C C00412890

Transaction ID : SB23.58451

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ANNA ESHOO FOR CONGRESS

Mailing Address P.O. BOX 636

City ANNANDALE State VA Zip Code 22003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: CA District: 18

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2020

FEC Identification Number

C C00258475

Transaction ID : SB23.58452

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BILL CASSIDY FOR US SENATE

Mailing Address 1006 PENDLETON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2020

FEC Identification Number

C C00543983

Transaction ID : SB23.58453

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial)
C/O EPIPHANY PRODUCTIONS
104 HUME AVE

Mailing Address

City: ALEXANDRIA State: VA Zip Code: 22301

Purpose of Disbursement

Candidate Name

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

State: TX District: 08

Date of Disbursement: 04 / 29 / 2020

FEC Identification Number: C00311043
Transaction ID : SB23.58456
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. BRIAN HIGGINS FOR CONGRESS

Full Name (Last, First, Middle Initial)
415 New Jersey Ave., SE
Unit 1

Mailing Address

City: Washington State: DC Zip Code: 20003

Purpose of Disbursement

Candidate Name

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

State: NY District: 26

Date of Disbursement: 04 / 29 / 2020

FEC Identification Number: C00401034
Transaction ID : SB23.58457
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. BUCSHON FOR CONGRESS

Full Name (Last, First, Middle Initial)
611 PENNSYLVANIA AVE, SE
#396

Mailing Address

City: WASHINGTON State: DC Zip Code: 20003

Purpose of Disbursement

Candidate Name

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

State: IN District: 08

Date of Disbursement: 04 / 29 / 2020

FEC Identification Number: C00468256
Transaction ID : SB23.58458
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. BUDDY CARTER FOR CONGRESS

Mailing Address 824 S MILLEDGE AVE
SUITE 101

City ATHENS State GA Zip Code 30605

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2020

FEC Identification Number

C C00543967

Transaction ID : SB23.58460

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CHC BOLD PAC

Mailing Address ATTN:STRATHEDEE GRP
PO BOX 15096

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2020

FEC Identification Number

C C00365536

Transaction ID : SB23.58454

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DEVIN NUNES CAMPAIGN COMMITTEE

Mailing Address PO BOX 6545

City VISALIA State CA Zip Code 93290

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: CA District: 22

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2020

FEC Identification Number

C C00370056

Transaction ID : SB23.58461

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. DONNA SHALALA FOR CONGRESS

Mailing Address 219 PENNSYLVANIA AVE SE
3RD FLOOR

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: FL District: 27

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2020

FEC Identification Number

C C00672311

Transaction ID : SB23.58462

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DR. RAUL RUIZ FOR CONGRESS

Mailing Address PO BOX 15096

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: CA District: 36

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2020

FEC Identification Number

C C00502575

Transaction ID : SB23.58463

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ENGEL FOR CONGRESS

Mailing Address 38 IVY STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: NY District: 16

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2020

FEC Identification Number

C C00236513

Transaction ID : SB23.58464

Amount of Each Disbursement this Period

1000.00

Memo Item

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. ENGEL FOR CONGRESS		Date of Disbursement MM / DD / YYYY 04 / 29 / 2020	
Mailing Address 38 IVY STREET, SE		FEC Identification Number C 00236513 Transaction ID : SB23.58465 Amount of Each Disbursement this Period 2500.00	
City WASHINGTON	State DC	Zip Code 20003	Category/ Type
Purpose of Disbursement		Memo Item <input type="checkbox"/>	
Candidate Name			Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY	District: 16	

Full Name (Last, First, Middle Initial) B. FRIENDS TO ELECT DR. GREG MURPHY TO CONGRESS		Date of Disbursement MM / DD / YYYY 04 / 29 / 2020	
Mailing Address 700 PENNSYLVANIA AVE SE SUITE 2056		FEC Identification Number C 00697649 Transaction ID : SB23.58466 Amount of Each Disbursement this Period 1000.00	
City WASHINGTON	State DC	Zip Code 20003	Category/ Type
Purpose of Disbursement		Memo Item <input type="checkbox"/>	
Candidate Name			Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NC	District: 03	

Full Name (Last, First, Middle Initial) C. KIND FOR CONGRESS COMMITTEE		Date of Disbursement MM / DD / YYYY 04 / 29 / 2020	
Mailing Address 233 PENNSYLVANIA AVE, SE 2ND FLOOR		FEC Identification Number C 00312017 Transaction ID : SB23.58467 Amount of Each Disbursement this Period 5000.00	
City WASHINGTON	State DC	Zip Code 20003	Category/ Type
Purpose of Disbursement		Memo Item <input type="checkbox"/>	
Candidate Name			Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI	District: 03	

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

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

8500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. MIKE THOMPSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 413 NEW JERSEY AVE SE
BASEMENT LEVER

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: CA District: 05

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 29 / 2020

FEC Identification Number

C C00326363

Transaction ID : SB23.58468

Amount of Each Disbursement this Period

2500.00

Memo Item

B. MULLIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 439 NEW JERSEY AVE, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 29 / 2020

FEC Identification Number

C C00498345

Transaction ID : SB23.58469

Amount of Each Disbursement this Period

1000.00

Memo Item

C. NANCY PELOSI FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 430 SOUTH CAPITOL STREET, SE
1ST FLOOR

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: CA District: 12

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 29 / 2020

FEC Identification Number

C C00213512

Transaction ID : SB23.58470

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

4500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. NANCY PELOSI FOR CONGRESS

Mailing Address 430 SOUTH CAPITOL STREET, SE
1ST FLOOR

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify)
State: CA District: 12

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2020

FEC Identification Number

C C00213512
Transaction ID : SB23.58471
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. NEVADANS FOR STEVEN HORSFORD

Mailing Address P.O. BOX 15096

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify)
State: NV District: 04

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2020

FEC Identification Number

C C00668228
Transaction ID : SB23.58472
Amount of Each Disbursement this Period
1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. NEW DEMOCRAT COALITION PAC

Mailing Address 233 PENNSYLVANIA AVE, SE
2ND FLOOR

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2020

FEC Identification Number

C C00409730
Transaction ID : SB23.58474
Amount of Each Disbursement this Period
5000.00

Memo Item

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

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

9000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. PASCRELL FOR CONGRESS

Mailing Address 38 IVY STREET, SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: NJ District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	2	0

FEC Identification Number

C C00313510

Transaction ID : SB23.58475

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. RICHARD E NEAL FOR CONGRESS COMMITTEE

Mailing Address 415 NEW JERSEY AVE SE
UNIT 1

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: MA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	2	0

FEC Identification Number

C C00226522

Transaction ID : SB23.58476

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ROBIN KELLY FOR CONGRESS

Mailing Address 413 NEW JERSEY AVENUE, SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: IL District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	2	0

FEC Identification Number

C C00539866

Transaction ID : SB23.58478

Amount of Each Disbursement this Period

1500.00

Memo Item

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. RON ESTES FOR CONGRESS		Date of Disbursement MM / DD / YYYY 04 / 29 / 2020
Mailing Address 611 PENNSYLVANIA AVE, SE #396		FEC Identification Number C00632067 Transaction ID : SB23.58479
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: KS District: 04	Category/Type	

Full Name (Last, First, Middle Initial) B. RON ESTES FOR CONGRESS		Date of Disbursement MM / DD / YYYY 04 / 29 / 2020
Mailing Address 611 PENNSYLVANIA AVE, SE #396		FEC Identification Number C00632067 Transaction ID : SB23.58480
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: KS District: 04	Category/Type	

Full Name (Last, First, Middle Initial) C. RON ESTES FOR CONGRESS		Date of Disbursement MM / DD / YYYY 04 / 29 / 2020
Mailing Address 611 PENNSYLVANIA AVE, SE #396		FEC Identification Number C00632067 Transaction ID : SB23.58481
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: KS District: 04	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. SCOTT PETERS FOR CONGRESS

Mailing Address 412 1ST STREET, SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	2	0

FEC Identification Number

C C00503110

Transaction ID : SB23.58482

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TERRI SEWELL FOR CONGRESS

Mailing Address 499 S CAPITAL STREET, SW
SUITE 422

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: AL District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	2	0

FEC Identification Number

C C00458976

Transaction ID : SB23.58483

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TEXANS FOR SENATOR JOHN CORNYN INC.

Mailing Address 1020 NORTH FAIRFAX STREET
SUITE 201

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: TX District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	2	0

FEC Identification Number

C C00369033

Transaction ID : SB23.58484

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. TUESDAY GROUP POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2020

Mailing Address 209 PENNSYLVANIA AVE, SE

FEC Identification Number

C C00433060

Transaction ID : SB23.58485

Amount of Each Disbursement this Period

5000.00

Memo Item

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

OTHER

Full Name (Last, First, Middle Initial)

B. UPTON FOR ALL OF US

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2020

Mailing Address 3410 ALABAMA AVENUE

FEC Identification Number

C C00200584

Transaction ID : SB23.58486

Amount of Each Disbursement this Period

1000.00

Memo Item

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify)

State: MI District: 06

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

6000.00

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

61000.00