PAGE 1 / 21

ı

FEC ORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Othe	r Than An Au	thorized	Commit	tee		Office U	se Only	
NAME OF COMMITTEE (in full)	TYPE OR	PRINT ▼		nple: If typ the lines.	oing, type	12FE	4M5		
College of Americ	can Patholog	ists Political	Action C	Commit	ee			<u> </u>	
ADDRESS (number and st	Suite 42								
than previously reported. (ACC)	Washin	gton 				DC	2000	1	
2. FEC IDENTIFICATI	ON NUMBER T	CI	TY 🛦			STATE A		ZIP COI	DE 🛦
C C00274944			S THIS REPORT	×	NEW (N) OR		AMENDED (A)		
4. TYPE OF REPOR (Choose One) (a) Quarterly Report	Re Du	port a Ma	r 20 (M4)	x	May 20 (M5) Jun 20 (M6) Jul 20 (M7)		Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly R July 15 Quarterly R October 15 Quarterly R	eport (Q2)	12-Day PRE-Election Report for the:	H	Primary (12	(12C)	Spe	neral (12G)		Runoff (12R)
January 31 Year-End R	eport (YE)	Electi	on on	M M	/ D D /	Y		in the State o	f
July 31 Mid Report (Nor Year Only)	n-election (MY)	30-Day POST-Election Report for the:		General (30	OG)	Rur	off (30R)		Special (30S)
Termination (TER)	Report	Electi	on on	M = M	/ D D /	Y		in the State o	f
5. Covering Period	04 / 0		Y	through	04	/ D 30	20	21 Y	
I certify that I have exam Type or Print Name of Ti	Kozel, J	and to the best o lessica, A, Dr, MD	f my know	ledge and	belief it is tr	rue, correc	t and comple	te.	
Signature of Treasurer	Kozel, Jessica, A,	Dr, MD	I	Electronica	lly Filed]	Date	M M / D	D /	2021
NOTE: Submission of false	e, erroneous, or inc	complete information	on may sub	ject the pe	erson signing	this Repor	to the penalt	ies of 52	U.S.C. § 30109
Office Use								FOR Rev. 05/20	

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: MMM / D1 / 2021 To: MMM / D3 / 2021

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2021		322640.97
	(b) Cash on Hand at Beginning of Reporting Period	317371.34	
	(c) Total Receipts (from Line 19)	29838.30	55786.30
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	347209.64	378427.27
7.	Total Disbursements (from Line 31)	96.05	31313.68
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	347113.59	347113.59
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

College of American Pathologists Political Action Committee

01 2021 04 30 2021 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 25338.30 47364.90 (i) Itemized (use Schedule A)..... 4500.00 8421.40 (ii) Unitemized (iii) TOTAL (add 55786.30 29838.30 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 55786.30 29838.30 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) (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))....... 55786.30 29838.30 20. Total Federal Receipts 29838.30 55786.30 (subtract Line 18(c) from Line 19)▶

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
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Salcinua Tear-to-Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		4 4 4
Expenditures	96.05	313.68
(c) Total Operating Expenditures	96.05	313.68
(add 21(a)(i), (a)(ii), and (b))	90.03	313.00
Committees	0.00	0.00
Contributions to Federal Candidates/Committees		04000.00
and Other Political Committees	0.00	31000.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	7 7 7	
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loan nepayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other	4 4	
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101((20))	
(a) Allocated Federal Election Activity	(20))	
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	7 7 7	7 7
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	06.05	31313.68
	96.05	31313.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	96.05	31313.68

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures			
33. Total Contributions (other than loans) (from Line 11(d), page 3)	29838.30	55786.30	
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29838.30	55786.30	
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	96.05	313.68	
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
38. Net Operating Expenditures (subtract Line 37 from Line 36)	96.05	313.68	

ITEMIZED RECEIPTS

FEC ID number of contributing

federal political committee.

SCHEDULE A (FEC Form 3X) 21 FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bachner, Paul, , Dr., MD Date of Receipt Mailing Address 874 McMeekin PI 16 2021 City Zip Code State Transaction ID: SA11AI.59459 KY Lexington 40502-2788 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Unafilliated Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bedrnicek, Jiri, Biorn, Dr., MD Date of Receipt Mailing Address The Pathology Ctr 04 16 2021 8303 Dodge St City State Zip Code Transaction ID: SA11AI.59461 NE Omaha 68114-4108 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Methodist Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Berg III, Eric, W, Col, MD Date of Receipt Mailing Address 551 Pond Apple Rd 16 2021 City Zip Code State Transaction ID: SA11AI.59462 TN Clarksville 37043-2211 Amount of Each Receipt this Period

Name of Employer (for Individual)	Occupation (for Individual)	Memo item
Blanchfield Army Community Hospital	Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
		4000.00
SUBTOTAL of Receipts This Page (optional)	·····	1000.00
TOTAL This Period (last page this line number	r only)	
		FEC Schedule A (Form 3X) Rev. 06/

C

250.00

FOR LINE NUMBER: PAGE 7 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

21

for each category of the Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Carr Jr, Robert, F, Dr., MD Date of Receipt Mailing Address 510 Chaumont Dr 16 2021 City Zip Code State Transaction ID: SA11AI.59464 PA Villanova 19085-1105 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Main Line Hospitals Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Clary, Karen, M, Dr., MD Date of Receipt Mailing Address Department of Pathology 04 19 2021 1425 Portland Ave City State Zip Code Transaction ID: SA11AI.59466 NY Rochester 14621-3001 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Rochester Genl Hosp Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Conway, Earl, Joseph, Dr., MD Date of Receipt Mailing Address 743 Spring St NE # DEPART 19 2021 City State Zip Code Transaction ID: SA11AI.59467 GΑ Gainesville 30501-3715 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Northeast Georgia Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

Use separate schedule(s)

l	FOF	R LINE	NUMBER	i:	PAGE	8	OF	21	
l	(che	ck only	one)						
l	×	11a	11b		11c	12			
l		13	14		15	16	.	17	

for each category of the Detailed Summary Page 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Davey, Diane, Davis, Dr., MD Date of Receipt Mailing Address 9885 Leland Dr 19 2021 City Zip Code State Transaction ID: SA11AI.59469 FL Orlando 32827-5745 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) UCF College of Medicine Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. DeCresce, Robert, P, Dr., MD, MBA Date of Receipt Mailing Address Jelke Bldg, Rm 532 04 2021 1750 W Harrison City State Zip Code Transaction ID: SA11AI.59539 IL Chicago 60612 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) University Pathology Consultants Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Dombrowski, Anthony, M., Dr., MD Date of Receipt Mailing Address Section of Path 19 2021 500 Remington Blvd City State Zip Code Transaction ID: SA11AI.59470 IL Bolingbrook 60440-4906 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Adventist Bolingbrook Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 3150.00 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE 9 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

21

for each category of the Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Durham, Janet, R, Dr., MD Date of Receipt Mailing Address Great Lakes Pathologists SC 8901 W Lincoln Ave 19 2021 City Zip Code State Transaction ID: SA11AI.59471 WI West Allis 53227-2409 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Aurora Health ACL Labs Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Elliott, James, N, Dr., MD Date of Receipt Mailing Address Dept of Path 04 19 2021 8118 Good Luck Rd City State Zip Code Transaction ID: SA11AI.59472 MD Lanham 20706-3574 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Doctors Community Hospital** Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Forsyth, Jennifer, Dr., MD Date of Receipt Mailing Address 3 Natural Resources Dr 19 2021 City State Zip Code Transaction ID: SA11AI.59475 AR Little Rock 72205-1539 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) State Crime Laboratory Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

Use separate schedule(s)

FOF	R LINE	NU	MBER	:	PAGE	•	10	OF	21
(che	ck only	or	ne)						
X	11a		11b		11c		12		
	13		14		15		16	;	17

for each category of the Detailed Summary Page 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gang, David, L., Dr., MD Date of Receipt Mailing Address Dept of Path 759 Chestnut St 2021 City Zip Code State Transaction ID: SA11AI.59540 MA Springfield 01199-1001 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Baystate Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gardner, Laura, Jane, Dr., MD Date of Receipt Mailing Address 417 Edgar Rd 04 2021 City State Zip Code Transaction ID: SA11AI.59534 MO Saint Louis 63119-4237 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) St Anthony's Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Gill, Stephen, A, Dr., MD Date of Receipt Mailing Address 1139 E Sonterra Blvd 2021 City State Zip Code Transaction ID: SA11AI.59481 TX San Antonio 78258-4347 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) unaffiliated Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

21

Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Jackson, Grace, N, Dr., MD Date of Receipt Mailing Address 24035 Vecchio 2021 City Zip Code State Transaction ID: SA11AI.59487 TX San Antonio 78260-3505 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) St Luke's Baptist Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Juengel, Randal, Carl, Dr., MD Date of Receipt Mailing Address Dept Of Pathology 04 2021 4401 S Western Ave City State Zip Code Transaction ID: SA11AI.59541 OK Oklahoma City 73109-3413 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Integris Southwest Medical Center Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Kenyon, Lawrence, C., Dr., MD, PhD Date of Receipt Mailing Address 23 Algonquin Ct 2021 City Zip Code State Transaction ID: SA11AI.59491 PΑ Chesterbrook 19087-5549 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Thomas Jefferson University Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

21 FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

for each category of the Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Le, Mary, D, Dr., MD Date of Receipt Mailing Address 2923 W Academy Ave 2021 City Zip Code State Transaction ID: SA11AI.59535 CA Anaheim 92804-2038 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) LA County/Harbor UCLA Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. League, Aimee, Alisabeth, Dr., MD Date of Receipt Mailing Address 1 Perth Dr SE 04 2021 City State Zip Code Transaction ID: SA11AI.59494 AL Huntsville 35802-4915 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pathology Associates PC Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Linzie, Bradley, M, Dr., MD Date of Receipt Mailing Address 2 Sparrow Ln 2021 City Zip Code State Transaction ID: SA11AI.59498 MN North Oaks 55127-6453 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hennepin County Medical Center Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 13 OF (check only one) **X** 11a 11b 11c 12

21 Use separate schedule(s) for each category of the Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name McCarthy, Paul, , J., Dr. Date of Receipt Mailing Address Department of Pathology 400 W. 16th St. 2021 City Zip Code State Transaction ID: SA11AI.59500 CO Pueblo 81003 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Parkview Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McCoy Jr, Franklin, E, Dr., MD Date of Receipt Mailing Address Dept of Path 04 2021 1301 15th Ave W City State Zip Code Transaction ID: SA11AI.59501 ND Williston 58801-3821 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Mercy Medical Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Melin, Bruce, Daniel, Dr., MD Date of Receipt Mailing Address Dept of Path 2021 401 E Spruce St City State Zip Code Transaction ID: SA11AI.59503 KS Garden City 67846-5679 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) St. Catherine Hosp Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 1050.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

21 FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

for each category of the Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Miller, Dylan, V, Dr., MD Date of Receipt Mailing Address 5252 Intermountain Dr 2021 City Zip Code State Transaction ID: SA11AI.59504 UT Murray 84107-5700 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Intermountain Laboratory Services Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Myles, Jonathan, Louis, Dr., MD Date of Receipt Mailing Address 6640 Cummings CT 04 2021 City State Zip Code Transaction ID: SA11AI.59547 OH Solon 44139-6729 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Cleveland Clinic Foundation Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Newbury, Robert, O., Dr., MD Date of Receipt Mailing Address 3056 2nd Ave 2021 City State Zip Code Transaction ID: SA11AI.59507 CA San Diego 92103-5818 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Rady Children's Hosp-San Diego Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 2250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

21 FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Pena, Elpidio, De Jesus, Dr., MD, MA Date of Receipt Mailing Address 1520 Goddard Ave 2021 City Zip Code State Transaction ID: SA11AI.59510 KY Louisville 40204-1546 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Norton & Norton Children's Hospitals Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Pocock, Eugene, Robert, Dr., MD Date of Receipt Mailing Address 223 Oak Knoll Dr 04 2021 City State Zip Code Transaction ID: SA11AI.59511 CA Glendora 91741-3044 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Emanate Health Foothill Presbyterian H Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Power, William, D, Dr., MD Date of Receipt Mailing Address 3132 Rowena Dr 2021 City State Zip Code Transaction ID: SA11AI.59512 CA Los Alamitos 90720-5230 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Brotman Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 3050.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

21 FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Putzi, Mathew, J, Dr., MD Date of Receipt Mailing Address 1301 W 38th St Ste 200 2021 City Zip Code State Transaction ID: SA11AI.59514 TX Austin 78705-1011 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Seton Healthcare Family Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Richard, James, Edward, Dr., DO Date of Receipt Mailing Address 3980 Canyon CV 04 2021 City State Zip Code Transaction ID: SA11AI.59515 MI Holt 48842-8805 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sparrow Health System Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Simonetti, Anthony, John, Dr., MD, MBA Date of Receipt Mailing Address 960 Saint Matthews Road 28 2021 City State Zip Code Transaction ID: SA11AI.59536 PΑ **Chester Springs** 19425 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Reading Hospital Tower Heath Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 17 OF Use separate schedule(s) (check only one) **X** 11a 11b 12 11c

21

for each category of the Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Smith, Jeffrey, B, Dr., MD Date of Receipt Mailing Address 1395 S Pinellas Ave 2021 City Zip Code State Transaction ID: SA11AI.59518 FL **Tarpon Springs** 34689-3790 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Helen Ellis Memorial Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Smith Jr, Elton, Travis, Dr., MD Date of Receipt Mailing Address 443 Lorna St 04 2021 City State Zip Code Transaction ID: SA11AI.59544 NC Charlotte 28205-6134 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Carolinas Medical Center Mercy Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Tinsley, John, P., Dr., MD Date of Receipt Mailing Address Dept of Path 22 2021 206 East Brown Street City Zip Code State Transaction ID: SA11AI.59524 PΑ East Stroudsburg 18301-3006 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Health Network Laboratories Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

21 FOR LINE NUMBER: PAGE 18 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Tortora, Matthew, J, Dr., Date of Receipt Mailing Address 12 Meadow Ct 2021 City Zip Code State Transaction ID: SA11AI.59550 NJ Montville 07045 Amount of Each Receipt this Period FEC ID number of contributing C 88.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Unaffiliated **Pathologists** Receipt For: Aggregate Year-to-Date ▼ Primary General 353.20 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Waldron, Michael, J, Dr, MD Date of Receipt Mailing Address 1355 River Bend Dr 04 2021 City State Zip Code Transaction ID: SA11AI.59531 TX **Dallas** 75247-4915 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Propath Lab Inc Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Werner, Alice, L., Dr., MD Date of Receipt Mailing Address 1418 N Veaux Loop 22 2021 City State Zip Code Transaction ID: SA11AI.59532 VANorfolk 23509-1258 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Children's Hosp of the Kings Daughters Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 838.30 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

21 FOR LINE NUMBER: PAGE 19 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

for each category of the Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wheeler, Thomas, M, Dr., MD Date of Receipt Mailing Address 4915 Elm St 2021 City Zip Code State Transaction ID: SA11AI.59452 TX Bellaire 77401-2810 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Baylor College of Medicine** Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Williams, R. Bruce, , Dr., MD Date of Receipt Mailing Address 4801 Ambassador Caffery Pkwy 04 2021 City State Zip Code Transaction ID: SA11AI.59533 LA Lafayette 70508-6917 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Our Lady of Lourdes Regional MC Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Yang, Changgao, , Dr., MD, PhD Date of Receipt Mailing Address 3030 Old Ranch Pkwy Ste 430 29 2021 City Zip Code State Transaction ID: SA11AI.59546 CA Seal Beach 90740-2751 Amount of Each Receipt this Period FEC ID number of contributing C 3000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sterling Pathology National Lab Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 3000.00 Other (specify) 4250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

21 FOR LINE NUMBER: PAGE 20 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Yong, William, H, Dr., MD Date of Receipt Mailing Address 16628 Oak View Ct 20 2021 City Zip Code State Transaction ID: SA11AI.59477 CA Encino 91436-1900 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) UCLA Ctr for Health Sciences Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Zhai, Qihui, Jim, Dr., MD Date of Receipt Mailing Address Dept of Path Mayo Bldg 3rd Fl 04 2021 4500 San Pablo Rd City State Zip Code Transaction ID: SA11AI.59549 FL Jacksonville 32224 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Mayo Clinic Jacksonville Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... 25338.30 TOTAL This Period (last page this line number only).....

S 17

Mailing Address P.O. Box 85024 City State Zip Code VA 23285 FEC Identification Number Candidate Name Office Sought: House Senate Primary General Other (specify) Mailing Address City State Zip Code Primary General Other (specify) Mailing Address City State Zip Code President Other (specify) FEC Identification Number Category/ Type Other (specify) Date of Disbursement Candidate Name Category/ Memo Item FEC Identification Number Category/ Amount of Each Disbursement Category/ Office Sought: House Senate Primary General Other (specify) Office Sought: House Other (specify) State: District: Senate President Other (specify) Memo Item Substruction Number Category/ Type Amount of Each Disbursement this Period FEC Identification Number Category/ Amount of Each Disbursement this Period Memo Item Substruction Number Category/ Amount of Each Disbursement this Period Memo Item	SCHEDULE B (FEC Form 3X)	11	manaka ada sabab ()	E NUMBER: PAGE 21 OF 21							
Detailed Summary Page	ITEMIZED DISBURSEMENTS			only one)							
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of seliciting contributions or for commercial purposes, other than using the name and address of any political committee NAME OF COMMITTEE (in Pull) 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 Purpose of Disbursement Surrivat RAZ Fee for \$155.00 Deposit Candidate Name Category/ Type State District Full Name (Last, First, Middle Initial) B. Sun Trust Bank Mailing Address P.O. Box 85024 City Richmond President State: District Full Name (Last, First, Middle Initial) B. Sun Trust Bank Mailing Address P.O. Box 85024 City Richmond Purpose of Disbursement Surrivat Acx Analysis Fee Candidate Name Category/ Type Transaction ID: \$2218.59443 Amount of Each Disbursement Surrivat Acx Analysis Fee Candidate Name Category/ Type Transaction ID: \$2218.59443 Amount of Each Disbursement Inits Period Transaction ID: \$2218.59443 Amount of Each Disbursement Surrivat Acx Analysis Fee Candidate Name Category/ Type Transaction ID: \$2218.59443 Amount of Each Disbursement Inits Period Transaction ID: \$2218.59443 Amount of Each Disbursement Inits Period Transaction ID: \$2218.59443 Amount of Each Disbursement Surrivat Acx Analysis Fee Candidate Name City State: District Full Name (Last, First, Middle Initial) Date of Disbursement Transaction ID: \$2218.59443 Amount of Each Disbursement Inits Period Transaction ID: \$2218.59443 Amount of Each Disbursement Inits Period Transaction ID: \$2218.59443 Amount of Each Disbursement Inits Period Transaction ID: \$2218.59443 Amount of Each Disbursement Inits Period Transaction ID: \$2218.59443 Amount of Each Disbursement Inits Period Transaction ID: \$2218.59443 Amount of Each Disbursement Inits Period Transaction ID: \$2218.59443 Amount of Each Disbursement Inits Period Transaction ID: \$2218.59443 Amount of Each Disbursement Inits Period Tr											
or for commercial purposes, other than using the name and address of any political committee b solicit contributions from such committee. NAME OF COMMITTEE (in Path) 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 Purpose of Disbursement State: District Full Name (Last, First, Middle Initial) B. Sun Trust Bank Mailing Address P.O. Box 85024 City State: District Full Name (Last, First, Middle Initial) B. Sun Trust Bank Mailing Address P.O. Box 85024 City State: District Full Name (Last, First, Middle Initial) B. Sun Trust Bank Mailing Address P.O. Box 85024 City State: District Full Name (Last, First, Middle Initial) City State Disbursement For: Full Name (Last, First, Middle Initial) District Full Name (Last, First, Middle Initial) City State: District Full Name (Last, First, Middle Initial) City State: District Full Name (Last, First, Middle Initial) City State: District Full Name (Last, First, Middle Initial) City State: District Full Name (Last, First, Middle Initial) City State: District Full Name (Last, First, Middle Initial) City State: District Full Name (Last, First, Middle Initial) City State: District Full Name (Last, First, Middle Initial) City State: District Full Name (Last, First, Middle Initial) City State: District Full Name (Last, First, Middle Initial) City State: District Full Name (Last, First, Middle Initial) City State: District Full Name (Last, First, Middle Initial) City State: District Full Name (Last, First, Middle Initial) City State: District Full Name (Last, First, Middle Initial) City State: District Full Name (Last, First, Middle Initial) City State: District Full Name (Last, First, Middle Initial) City State: District Full Name (Last, First, Middle Initial) City State: District Full Name (Last, First, Middle Initial) City State: District Full Name (Last, First, Middle Initial) City State: District Full Name	Any information copied from such Reports and St	atements may	v not be sold or us								
College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) A. Sun Trust Bank Mailing Address P.O. Box 85024 City State Zip Code Richmond Purpose of Disbursement For: Senate President Suntrus RAZ Fee for \$155.00 Deposit Candidate Name Office Sought: House Disbursement For: Other (specify) Type Clast First, Middle Initial) B. Sun Trust Bank Mailing Address P.O. Box 85024 City State Zip Code Richmond Purpose of Disbursement For: Senate President Suntrus Act Arabysis Fee Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Purpose of Disbursement For: Senate President Suntrus Act Arabysis Fee Candidate Name Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Disbursement For: Senate President State: District: Memory General President State: Memory General President State: Memory General President State: Memory General President State: Memory General President Memory General Memory General Memory General Memory General Memory Memory General Memory											
Full Name (Last, First, Middle Initial) A. Sun Trust Bank Mailing Address P.O. Box 85024 City State VA 23285 Purpose of Disbursement Surfrust RAZ Fee for \$155.00 Deposit Candidate Name Office Sought: House Senate Primary General Purpose of Disbursement State: District: Full Name (Last, First, Middle Initial) B. Sun Trust Bank Mailing Address P.O. Box 85024 City State Zip Code VA 23285 President District: Full Name (Last, First, Middle Initial) C. Transaction ID : \$8218.59442 Amount of Each Disbursement his Period Transaction ID : \$8218.59443 Amount of Each Disbursement in Senate VA 23285 Purpose of Disbursement State: District: Full Name (Last, First, Middle Initial) C. Transaction ID : \$8218.59443 Amount of Each Disbursement In Senate VA 23285 FEC Identification Number C. Transaction ID : \$8218.59443 Amount of Each Disbursement In Senate Value V											
A. Sun Trust Bank Mailing Address P.O. Box 85024 City State VA 23285 Purpose of Disbursement Suntrust RAZ Fee for \$155.00 Deposit Candidate Name Office Sought:	College of American Pathologist	s Politica	I Action Com	mittee							
Mailing Address P.O. Box 85024 City State Zip Code VA 23285 Purpose of Disbursement Suntrust RAZ Fee for \$155.00 Deposit Candidate Name Category Transaction ID : SB218.59442 Amount of Each Disbursement this Period Transaction ID : SB218.59442 Amount of Each Disbursement this Period Transaction ID : SB218.59442 Amount of Each Disbursement this Period Transaction ID : SB218.59442 Amount of Each Disbursement this Period Transaction ID : SB218.59442 Amount of Each Disbursement Transaction ID : SB218.59442 Amount of Each Disbursement Transaction ID : SB218.59443 Transac	_				5	S. 1					
Mailing Address P.O. Box 85024 City	A. Sun Trust Bank				Date of I						
Richmond	Mailing Address P.O. Box 85024				04						
Purpose of Disbursement Suntrust RAZ Fee for \$155.00 Deposit Candidate Name Office Sought: House Senate Primary General Disbursement For: Senate Primary General Office Sought: State: Disbursement For: Suntrust Bank Mailing Address P.O. Box 85024 City Richmond Purpose of Disbursement Suntrust Acot Analysis Fee Candidate Name Office Sought: House Senate Primary General Disbursement Suntrust Acot Analysis Fee Candidate Name Office Sought: House Primary General Disbursement State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Primary General Disbursement Category/ Type Office Sought: House Primary General Disbursement Candidate Name Category/ Type Office Sought: House Primary General Disbursement Category/ Type Memo Item FEC Identification Number Category/ Type Amount of Each Disbursement this Period FEC Identification Number Category/ Type Office Sought: House Primary General Office Sought: House Primary General Disbursement Category/ Type Memo Item SubtrotAL of Disbursements This Page (optional)		I			FEC Ider	ntification	Number				
Suntrust RAZ Fee for \$155.00 Deposit Candidate Name Office Sought: House		VA	23285					-			
Category/ Office Sought: House											
Office Sought: House Senate President For: Senate President State: District: Full Name (Last, First, Middle Initial) B. Sun Trust Bank Mailing Address P.O. Box 85024 City State Zip Code VA 23285 Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) Transaction ID: S8218.59443 Amount of Each Disbursement this Period Office Sought: House Disbursement Senate President Other (specify) Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) State: District: FEC Identification Number Category/ Type Date of Disbursement Category/ Type Date of Disbursement Type Category/ Type Memo Item Substate: District: Memo Item Substate: District: Primary General Prim	Candidate Name			Category/	1						
Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) B. Sun Trust Bank Mailing Address P.O. Box 85024 City Richmond VA 23285 Purpose of Disbursement Suntrust Acct Analysis Fee Candidate Name Office Sought: House President Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Category/ Type Office Sought: House President Other (specify) Memo Item Date of Disbursement FEC Identification Number Category/ Type Office Sought: House Other (specify) Memo Item Date of Disbursement this Period FEC Identification Number Category/ Type Office Sought: District: Dis											
State: District: Other (specify) ▼ Memo Item						7	-	31.05			
State: District: Full Name (Last, First, Middle Initial) B. Sun Trust Bank Mailing Address P.O. Box 85024 City State Zip Code VA 23285 City Richmond Purpose of Disbursement Suntrust Acct Analysis Fee Candidate Name Office Sought: House Primary General Primary General President State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code VA 23285 City State Zip Code Primary General											
B. Sun Trust Bank Mailing Address P.O. Box 85024 City Richmond Purpose of Disbursement State: District: Full Name (Last, First, Middle Initial) Candidate Name City State Disbursement For: Senate Primary General Other (specify) Category/ Type Categ		Other (sp	Decity) ▼		Mem	o Item					
B. Sun Trust Bank Mailing Address P.O. Box 85024 City Richmond State Zip Code VA 23285 Purpose of Disbursement Suntrust Act Analysis Fee Candidate Name Category/ Type Office Sought: House Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Primary General Other (specify) Mailing Address City State Zip Code FEC Identification Number Candidate Name Category/ Type Office Sought: House Primary General Other (specify) Date of Disbursement Candidate Name City State Zip Code FEC Identification Number FEC Identification Number FEC Identification Number FEC Identification Number Category/ Type Office Sought: House Primary General Other (specify) Memo Item Substortal of Disbursement this Period Memo Item Substortal of Disbursement This Page (optional)											
Mailing Address P.O. Box 85024 City Richmond VA Z3285 Purpose of Disbursement Suntrust Acct Analysis Fee Candidate Name Category/ Office Sought: Full Name (Last, First, Middle Initial) Ct. Mailing Address City Purpose of Disbursement Candidate Name City State District: Full Name (Last, First, Middle Initial) Ct. Category/ Type Date of Disbursement Category/ Type FEC Identification Number Category/ Type Memo Item FEC Identification Number Category/ Type Memo Item Substruct: Substruct: Substruct: Substruct: Substruct: Substruct: Substruct: Substruct: State: Disbursements This Page (optional)	B. Sun Trust Bank				Date of I			V V V			
Richmond Purpose of Disbursement Suntrust Acct Analysis Fee Candidate Name Category/ Office Sought: House Disbursement For: Senate District: City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Categ	Mailing Address P.O. Box 85024										
Richmond Purpose of Disbursement Suntrust Acct Analysis Fee Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Other (specify) Date of Disbursement Category/ Type Category/ Type Category/ Type Office Sought: House Disbursement Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) Memo Item Subtrotal of Disbursements This Page (optional)	•				FEC Ider	ntification	Number				
Suntrust Acct Analysis Fee Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Full Name (Last, First, Middle Initial) Category/ Type Other (specify) Date of Disbursement Category/ Type Date of Disbursement Category/ Type FEC Identification Number Category/ Type Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General		VA	23285								
Candidate Name Category/ Type	•		nent For: Primary General								
Office Sought:	Candidate Name										
State: District:	Office Sought: House Disbu	rsement For:				65.00					
State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code FEC Identification Number Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Primary General Other (specify) State: District: Substrotal of Disbursements This Page (optional)		1				7 7					
Full Name (Last, First, Middle Initial) C. Mailing Address City Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Senate President President State: District: Subtotal initial) Date of Disbursement FEC Identification Number Category/ Type Amount of Each Disbursement this Period Memo Item 96.05		Other (sp	pecify)		Mem	o Item					
City State Zip Code FEC Identification Number Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Subtotal of Disbursements This Page (optional)	Full Name (Last, First, Middle Initial)										
City State Zip Code FEC Identification Number Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Substrict: Memo Item Substrict: 96.05	C.				Date of I	Disbursen					
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Substrict: Memo Item PEC Identification Number Category/ Type Amount of Each Disbursement this Period Memo Item 96.05	Mailing Address				M M M	/ D = E	/ Y	YYY			
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)	City	State	Zip Code		FEC Ider	ntification	Number				
Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)	Purpose of Disbursement				C						
Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)	Candidata Nama										
Senate Primary General Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)						Amount of Each Disbursement this Period					
State: District: Other (specify) SUBTOTAL of Disbursements This Page (optional)						7-1		45			
State: District: Memo Item SUBTOTAL of Disbursements This Page (optional)											
SUBTOTAL of Disbursements This Page (optional)		Other (sp	респу) ▼		Mem	o Item					
OC OF	2.5										
06.05	SUBTOTAL of Disbursements This Page (options	al)				75	1 7	96.05			
TOTAL This Period (last page this line number only)						-		96.05			