

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

Check if different than previously reported. (ACC) Suite 425 West

Washington DC 20001

2. **FEC IDENTIFICATION NUMBER ▼** C C00274944 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

(d) 30-Day **POST-Election** Report for the:

General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of IL

5. Covering Period M M / D D / Y Y Y Y Y Y 10 / 15 / 2020 through M M / D D / Y Y Y Y Y Y 11 / 23 / 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Kozel, Jessica, A, Dr, MD

Type or Print Name of Treasurer _____

Signature of Treasurer Kozel, Jessica, A, Dr, MD *[Electronically Filed]* Date M M / D D / Y Y Y Y Y Y 12 / 02 / 2020

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

College of American Pathologists Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>		395573.09
(b) Cash on Hand at Beginning of Reporting Period.....	312889.94	
(c) Total Receipts (from Line 19)	11694.80	162149.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	324584.74	557722.09
7. Total Disbursements (from Line 31).....	21697.13	254834.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	302887.61	302887.61
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)

Page 3

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 15 / 2020 To: M M / D D / Y Y Y Y 11 / 23 / 2020

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8866.50	136683.10
(ii) Unitemized	2828.30	25465.90
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	11694.80	162149.00
(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)	11694.80	162149.00
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)).....▶	11694.80	162149.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	11694.80	162149.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	197.13	1334.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	197.13	1334.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21500.00	253500.00
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)) ..	21697.13	254834.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21697.13	254834.48

DETAILED SUMMARY PAGE
of Disbursements

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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)	11694.80	162149.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11694.80	162149.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	197.13	1334.48
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	197.13	1334.48

**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 22
	<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. Alghamdi, Sarah, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4300 Alton Rd Ste 2400

City Miami Beach	State FL	Zip Code 33140-2948
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Jackson Memorial Hospital	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 Y
 11 / 18 / 2020
Transaction ID : SA11AI.59158

Amount of Each Receipt this Period
 500.00

Memo Item

B. Barksdale, Byron, L, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 923 Teal CT

City North Platte	State NE	Zip Code 69101-7445
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Pathology Services PC	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 Y
 11 / 14 / 2020
Transaction ID : SA11AI.59150

Amount of Each Receipt this Period
 250.00

Memo Item

c. Bryce, Clare, Helen, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 170 E 94th St Apt 2g

City New York	State NY	Zip Code 10128-2559
------------------	-------------	------------------------

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

Name of Employer (for Individual) Univ of Edinburgh	Occupation (for Individual) Pathologist
--------------------------------------------------------	--------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
389.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 14 / 2020
Transaction ID : SA11AI.59162

Amount of Each Receipt this Period
 88.30

Memo Item
 Manually added

SUBTOTAL of Receipts This Page (optional).....	838.30
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 22
	<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. Crawford, James, M, Dr., MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23 Knolls LN
 City Manhasset State NY Zip Code 11030-1629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwell Health System Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 21 / 2020
Transaction ID : SA11AI.59104
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Fowkes, Mary, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 Elm Road
 City Katonah State NY Zip Code 10536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MT Sinai School of Medicine Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ -200.00

Date of Receipt 10 / 20 / 2020
Transaction ID : SA11AI.59179
 Amount of Each Receipt this Period -200.00
 Memo Item
 Credit Memo Issued 2476101 against Inv 2473662

C. Fowkes, Mary, Elizabeth, Dr., MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 Elm Rd
 City Katonah State NY Zip Code 10536-1308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mount Sinai Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 10 / 27 / 2020
Transaction ID : SA11AI.59136
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 22
	<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. Frishberg, David, P, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Path & Lab Med
 8700 Beverly Blvd Rm 8709
 City Los Angeles State CA Zip Code 90048-1804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cedars-Sinai Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 11 / 02 / 2020
Transaction ID : SA11AI.59141
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Goodale, Lorien, A, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Cherry St
 City Carrollton State GA Zip Code 30117-2307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tanner Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 213.30

Date of Receipt 11 / 16 / 2020
Transaction ID : SA11AI.59171
 Amount of Each Receipt this Period 88.30
 Memo Item added manually

C. Gupta, Chakshu, , Dr., MD, MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3408 Stanford CT
 City Saint Joseph State MO Zip Code 64506-4580
 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 600.00

Date of Receipt 10 / 21 / 2020
Transaction ID : SA11AI.59101
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	688.30
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 22
<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. Gupta, Chakshu, , Dr., MD, MBA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3408 Stanford CT

City Saint Joseph	State MO	Zip Code 64506-4580
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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 ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2020

Transaction ID : SA11AI.59134

Amount of Each Receipt this Period
100.00

Memo Item

B. Hansen, Andrew, Thomas, Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 516 E 11125 S

City Sandy	State UT	Zip Code 84070-5372
---------------	-------------	------------------------

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

Name of Employer (for Individual) Jordan Valley Med Ctr Lab	Occupation (for Individual) Pathologist
----------------------------------------------------------------	--------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2020

Transaction ID : SA11AI.59151

Amount of Each Receipt this Period
125.00

Memo Item

C. Kratzer, Shannon, , Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2323 Matador Cir

City Austin	State TX	Zip Code 78746
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2020

Transaction ID : SA11AI.59128

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	525.00
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 22
	<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. Krauss, Elliot, A, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Educ Bldg
1 Plainsboro Rd Fl II

City Plainsboro State NJ Zip Code 08536-1913

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

Name of Employer (for Individual) University Med Ctr of Princeton at Pla Occupation (for Individual) Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2020
Transaction ID : SA11AI.59102

Amount of Each Receipt this Period 250.00

Memo Item

B. Lapham, Rosanna, L, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 Candler Pl

City Spartanburg State SC Zip Code 29302-3369

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

Name of Employer (for Individual) Spartanburg Regional Med Ctr Occupation (for Individual) Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 16 / 2020
Transaction ID : SA11AI.59154

Amount of Each Receipt this Period 750.00

Memo Item

C. Levin, Alan, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1701 SE Hillmoor Dr Ste C-11

City Port Saint Lucie State FL Zip Code 34952-7541

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

Name of Employer (for Individual) St Lucie Medical Center Occupation (for Individual) Pathologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2020
Transaction ID : SA11AI.59113

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
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 22
	<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. Linzie, Bradley, M, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Sparrow Ln
 City North Oaks State MN Zip Code 55127-6453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hennepin County Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2020
Transaction ID : SA11AI.59115
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Lomba, Fernando, , L., Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Department of Pathology 2500 Harbor Blvd
 City Port Charlotte State FL Zip Code 33952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Peace River Regional Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 18 / 2020
Transaction ID : SA11AI.59168
 Amount of Each Receipt this Period 250.00
 Memo Item added manually

C. Lomba, Fernando, , L., Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Department of Pathology 2500 Harbor Blvd
 City Port Charlotte State FL Zip Code 33952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Peace River Regional Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 338.30

Date of Receipt 10 / 18 / 2020
Transaction ID : SA11AI.59177
 Amount of Each Receipt this Period 88.30
 Memo Item added manually

SUBTOTAL of Receipts This Page (optional).....▶	588.30
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 22
<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. Lomba, Fernando, , L., Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Department of Pathology
2500 Harbor Blvd

City Port Charlotte State FL Zip Code 33952

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

Name of Employer (for Individual) Peace River Regional Med Ctr Occupation (for Individual) Pathologist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 426.60

Date of Receipt 11 / 19 / 2020
Transaction ID : SA11AI.59169

Amount of Each Receipt this Period 88.30

Memo Item added manually

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

Mailing Address 3427 Brookfield CIR N

City Fort Lauderdale State FL Zip Code 33312

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

Name of Employer (for Individual) Unaffiliated Occupation (for Individual) N/A

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 201.60

Date of Receipt 11 / 19 / 2020
Transaction ID : SA11AI.59167

Amount of Each Receipt this Period 88.30

Memo Item added manually

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

Mailing Address 2534 Millville Shandon Rd

City Hamilton State OH Zip Code 45013

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

Name of Employer (for Individual) Dermatopathology Laboratory of Central Occupation (for Individual) Pathologist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1875.00

Date of Receipt 10 / 18 / 2020
Transaction ID : SA11AI.59098

Amount of Each Receipt this Period 300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 476.60

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 22
	<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. Moad, John, C, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2534 Millville Shandon Rd
 City Hamilton State OH Zip Code 45013
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Dermatopathology Laboratory of Central Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2175.00

Date of Receipt 11 / 18 / 2020
 Transaction ID : SA11AI.59156
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Peditto, Stephanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 Waukegan Road
 City Northfield State IL Zip Code 60093
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) College of American Pathologists Occupation (for Individual) Employee
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 10 / 21 / 2020
 Transaction ID : SA11AI.59176
 Amount of Each Receipt this Period 50.00
 Memo Item added manually

C. Reyes, Victoria, G, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 192 Long Wharf Dr
 City Mystic State CT Zip Code 06355-3137
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Lawrence and Memorial Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 11 / 17 / 2020
 Transaction ID : SA11AI.59155
 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 14 OF 22
<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. Scott, John, H, Mr., N/A
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6313 Friendship CT
 City Bethesda State MD Zip Code 20817-3342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) College of American Pathologists Occupation (for Individual) Employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 15 / 2020**
Transaction ID : SA11AI.59095
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Sriganeshan, Vathany, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Blum Bldg Rm 2400 4300 Alton Rd
 City Miami Beach State FL Zip Code 33140-2948
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scripps Clinic Medical Laboratory Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **11 / 19 / 2020**
Transaction ID : SA11AI.59160
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Valdes, Caroline, Leilani, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 608 W Commercial St
 City Victoria State TX Zip Code 77901-6302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regional Medical Laboratory Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 22 / 2020**
Transaction ID : SA11AI.59161
 Amount of Each Receipt this Period 50.00
 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 15 OF 22
	<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. Woodhouse, Sherry, L, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12322 NW 25th St
 City Coral Springs State FL Zip Code 33065-7817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pathology Consultants of S Broward Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 16 / 2020
Transaction ID : SA11AI.59097
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Wright, Pamela, K, Ms., N/A
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1001 G Street NW Ste 425 West
 City Washington State DC Zip Code 20001-4560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) College of American Pathologists Occupation (for Individual) Employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 21 / 2020
Transaction ID : SA11AI.59107
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Wright, Pamela, K, Ms., N/A
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1001 G Street NW Ste 425 West
 City Washington State DC Zip Code 20001-4560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) College of American Pathologists Occupation (for Individual) Employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 27 / 2020
Transaction ID : SA11AI.59139
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	8866.50

**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 Suntrust RAZ Deposit Fee for Sep-2-20 Advice

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2020

FEC Identification Number

C
Transaction ID : SB21B.59069
Amount of Each Disbursement this Period
39.63

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 Return Check Fee - Unknown

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2020

FEC Identification Number

C
Transaction ID : SB21B.59070
Amount of Each Disbursement this Period
12.50

Memo Item

Full Name (Last, First, Middle Initial)

C. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement Suntrust Account Analysis Fee Oct-20

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2020

FEC Identification Number

C
Transaction ID : SB21B.59068
Amount of Each Disbursement this Period
65.00

Memo Item

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

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

117.13

**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 Suntrust Account Analysis Fee Nov-20

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 20 / 2020

FEC Identification Number

C
Transaction ID : SB21B.59071
 Amount of Each Disbursement this Period
 80.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

C
 Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

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

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)..... ▶

80.00
 197.13

**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. BRIAN FITZPATRICK FOR CONGRESS

Mailing Address 1200 TRINITY DRIVE

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: PA District: 01

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2020			

FEC Identification Number

C C00607416

Transaction ID : SB23.59072

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BURGESS VICTORY FUND

Mailing Address 14736 BELL TOWER RD

City
WOODBIDGE

State
VA

Zip Code
22193

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) OTHER

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2020			

FEC Identification Number

C C00730549

Transaction ID : SB23.59073

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DOING RIGHT - RESULTS ACTION UNITY LEADERSHIP PAC

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) OTHER

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2020			

FEC Identification Number

C C00569871

Transaction ID : SB23.59077

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. FRIENDS OF JIM CLYBURN

Mailing Address 499 S. CAPITOL ST., SW
SUITE 422

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2020

FEC Identification Number

C C00255562

Transaction ID : SB23.59079
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. HOYER FOR CONGRESS

Mailing Address 4201 Northview Drive
Suite 307

City Bowie State MD Zip Code 20716

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2020

FEC Identification Number

C C00140715

Transaction ID : SB23.59080
Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KANSANS FOR MARSHALL

Mailing Address 14737 BELL TOWER

City WOODBRIDGE State VA Zip Code 22193

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2020

FEC Identification Number

C C00576173

Transaction ID : SB23.59081
Amount of Each Disbursement this Period

2000.00

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. MICHAEL BURGESS FOR CONGRESS

Mailing Address P.O. BOX 40323

City
WASHINGTON

State
DC

Zip Code
20016

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2020			

FEC Identification Number

C C00372532

Transaction ID : SB23.59082

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN

Mailing Address 1602 BELLE VIEW BOULEVARD
#510

City
ALEXANDRIA

State
VA

Zip Code
22307

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: WA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2020			

FEC Identification Number

C C00257642

Transaction ID : SB23.59083

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PERDUE FOR SENATE

Mailing Address 410 1ST STREET, SE
SUITE 310

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: GA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2020			

FEC Identification Number

C C00547570

Transaction ID : SB23.59092

Amount of Each Disbursement this Period

1000.00

Memo Item

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. TEAM MARSHALL

Mailing Address 14736 BELL TOWER

City WOODBRIDGE State VA Zip Code 22193

Purpose of Disbursement

Candidate Name

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

State: KS District:

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2020

FEC Identification Number

C00632950

Transaction ID : SB23.59086

Amount of Each Disbursement this Period

5000.00

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

MM / DD / YYYY
10 / 28 / 2020

FEC Identification Number

C00458976

Transaction ID : SB23.59088

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TONY CARDENAS FOR CONGRESS

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: CA District: 29

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2020

FEC Identification Number

C00498873

Transaction ID : SB23.59089

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)..... ▶

7500.00

**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. UPTON FOR ALL OF US

Full Name (Last, First, Middle Initial)
Mailing Address 2817 N JEFFERSON STREET

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement Category/Type

Candidate Name

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

State: MI District: 06

Date of Disbursement: 10 / 28 / 2020

FEC Identification Number: C00200584
Transaction ID : SB23.59090
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. VERN BUCHANAN FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 1200 TRINITY DRIVE

City ALEXANDRIA State DC Zip Code 22314

Purpose of Disbursement Category/Type

Candidate Name

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

State: FL District: 16

Date of Disbursement: 10 / 28 / 2020

FEC Identification Number: C00412759
Transaction ID : SB23.59091
Amount of Each Disbursement this Period: 1000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement: / /

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)..... ▶

2000.00
21500.00