

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00274944 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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 [MM] / [DD] / [YYYY] in the State of [ ]  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 10 / 01 / 2023 through [MM] / [DD] / [YYYY] 10 / 31 / 2023

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

Signature of Treasurer *Kozel, Jessica, A, Dr, MD* Date [MM] / [DD] / [YYYY] 11 / 16 / 2023

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

College of American Pathologists Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>		<input type="text" value="288924.88"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="214178.88"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="16102.34"/>	<input type="text" value="152713.04"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="230281.22"/>	<input type="text" value="441637.92"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="12273.10"/>	<input type="text" value="223629.80"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="218008.12"/>	<input type="text" value="218008.12"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**College of American Pathologists Political Action Committee**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14350.00	131267.68
(ii) Unitemized .....	1752.34	21445.36
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	16102.34	152713.04
(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) .....	16102.34	152713.04
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)).....▶	16102.34	152713.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	16102.34	152713.04

**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 .....	273.10	3129.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	273.10	3129.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	220500.00
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)) ..	12273.10	223629.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12273.10	223629.80

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	16102.34	152713.04
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16102.34	152713.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	273.10	3129.80
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	273.10	3129.80

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 17
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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. Boutsos, Eleni, P, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Amita Health LaGrange Hospital**  
**Dept of Pathology**

City **La Grange** State **IL** Zip Code **60525**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **10 / 30 / 2023**  
**Transaction ID : SA11AI.62367**

Amount of Each Receipt this Period **250.00**

Memo Item

**B. Campbell, Alfred, Wray, Dr., MD,MBA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **319 Hidden Creek CIR**

City **Spartanburg** State **SC** Zip Code **29306-6673**

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

Name of Employer (for Individual) **Carolinas Pathology Group** Occupation (for Individual) **Pathologist**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **10 / 19 / 2023**  
**Transaction ID : SA11AI.62348**

Amount of Each Receipt this Period **750.00**

Memo Item

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

Mailing Address **5620 East El Parque Street**

City **Long Beach** State **CA** Zip Code **90815-4129**

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

Name of Employer (for Individual) **Centinela Hosp Med Ctr** Occupation (for Individual) **Pathologist**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **10 / 30 / 2023**  
**Transaction ID : SA11AI.62390**

Amount of Each Receipt this Period **100.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 17
	<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"/>	<input type="checkbox"/> 17

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

**A. Dash, Raj, C., Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Department of Pathology Box 3712  
 Duke South Room 3426 Purple Zone

City Durham State NC Zip Code 27710

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

Name of Employer (for Individual) Duke University Health System Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 583.34

Date of Receipt 10 / 30 / 2023  
**Transaction ID : SA11AI.62379**

Amount of Each Receipt this Period 500.00

Memo Item

**B. DeFanti, Lucy, E, Dr., DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 J Clyde Morris Blvd J

City Newport News State VA Zip Code 23601-1929

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

Name of Employer (for Individual) RMG Shared Laboratory Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 30 / 2023  
**Transaction ID : SA11AI.62374**

Amount of Each Receipt this Period 500.00

Memo Item

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

Mailing Address 3966 Aladdin Dr

City Huntington Beach State CA Zip Code 92649-4251

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

Name of Employer (for Individual) MCDXI Medical Diagnostics, Inc. Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 30 / 2023  
**Transaction ID : SA11AI.62377**

Amount of Each Receipt this Period 150.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 1150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 17
	<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. Evans, Juanita, J, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4009 Kent Rd  
 City Royal Oak State MI Zip Code 48073  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Providence - Providence Park Hosp Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2023  
**Transaction ID : SA11AI.62334**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Ferrer, Karen, Therese, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1521 West Harrison  
 City Chicago State IL Zip Code 60607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Illinois-Chicago Med Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 05 / 2023  
**Transaction ID : SA11AI.62333**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Frigy, Alan, F, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2465 Haines Hill Rd  
 City Decatur State IL Zip Code 62521-9120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Unaffiliated Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 16 / 2023  
**Transaction ID : SA11AI.62342**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 17
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Glassy, Eric, F, Dr., MD</b>		Date of Receipt
Mailing Address 2801 Via Buena		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2023"/>
City Palos Verdes Estates	State CA	Zip Code 90274-4417
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.62349</b>
Name of Employer (for Individual) Affiliated Pathologists Medical Group		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Occupation (for Individual) Pathologist		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Gupta, Chakshu, , Dr., MD</b>		Date of Receipt
Mailing Address 3407 N Pointe Dr		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2023"/>
City St Joseph	State MO	Zip Code 64506
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.62344</b>
Name of Employer (for Individual) Liberty Hospital		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) Pathologist		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Jhaveri, Bharati, Suketu, Dr., MD</b>		Date of Receipt
Mailing Address 1312 Woods Farm Ln		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2023"/>
City Springfield	State IL	Zip Code 62704-6545
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.62364</b>
Name of Employer (for Individual) St John's Hospital		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Occupation (for Individual) Pathologist		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="3600.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 17
	<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. Lapham, Rosanna, L, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Path  
101 E Wood St

City Spartanburg      State SC      Zip Code 29303

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 **10 / 08 / 2023**

**Transaction ID : SA11AI.62337**

Amount of Each Receipt this Period **750.00**

Memo Item

**B. Larsen, Moira, P, Dr., MD,MBA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Pathology 6th Floor  
10980 Grantchester Way

City Columbia      State MD      Zip Code 21044

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

Name of Employer (for Individual) MedStar Medical Group Pathology Baltim      Occupation (for Individual) Pathologist

Receipt For:  Primary     General     Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **10 / 23 / 2023**

**Transaction ID : SA11AI.62354**

Amount of Each Receipt this Period **250.00**

Memo Item

**C. Leon, Marino, Enrique, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Path  
PO Box 100275

City Gainesville      State FL      Zip Code 32610-0275

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

Name of Employer (for Individual) University of Florida      Occupation (for Individual) Pathologist

Receipt For:  Primary     General     Other (specify)

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **10 / 30 / 2023**

**Transaction ID : SA11AI.62376**

Amount of Each Receipt this Period **250.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 17
	<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. Mac, Mylinh, Thi, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1432 E Beth Dr  
 City Phoenix State AZ Zip Code 85042-7979  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Unaffiliated Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 25 / 2023  
**Transaction ID : SA11AI.62359**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. Nakashima, Megan, O, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9500 Euclid Ave L-30  
 City Cleveland State OH Zip Code 44195-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cleveland Clinic Foundation Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 23 / 2023  
**Transaction ID : SA11AI.62353**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Olson, John, D, Dr., MD, PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13238 Hunters View St  
 City San Antonio State TX Zip Code 78230-2032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UT Health San Antonio Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 03 / 2023  
**Transaction ID : SA11AI.62331**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 17
<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. 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 Pathologis Occupation (for Individual) Employee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 16 / 2023  
**Transaction ID : SA11AI.62347**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Pritt, Bobbi, S, Dr., MD,MS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 1st St SW  
 City Rochester State MN Zip Code 55902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 30 / 2023  
**Transaction ID : SA11AI.62365**  
 Amount of Each Receipt this Period 750.00  
 Memo Item

**C. Scanlan, Richard, Michael, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3181 SW Sam Jackson Park Rd # L471  
 City Portland State OR Zip Code 97239-3098  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Oregon Health & Science University Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 23 / 2023  
**Transaction ID : SA11AI.62355**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 17
<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. Simpson, Ross, W, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path-Meadowbrook W101  
 6500 Excelsior Blvd  
 City St Louis Park State MN Zip Code 55426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Park Nicollet Methodist Hospital Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 30 / 2023  
**Transaction ID : SA11AI.62380**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Smith Jr, Elton, Travis, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4301 Carmel Rd  
 City Charlotte State NC Zip Code 28226-7249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Carolinas Medical Center Mercy Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 08 / 2023  
**Transaction ID : SA11AI.62336**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Wasco, Matthew, James, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path  
 5301 E Huron River Dr  
 City Ann Arbor State MI Zip Code 48106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St Joseph Mercy Hospital Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 27 / 2023  
**Transaction ID : SA11AI.62360**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Zhai, Qihui, Jim, Dr., MD</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2023
Mailing Address Dept of Path Mayo Bldg 3rd Fl 4500 San Pablo Rd		Transaction ID : SA11AI.62378
City Jacksonville	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.00
Name of Employer (for Individual) Mayo Clinic Jacksonville	Occupation (for Individual) Pathologist	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Zimmerman, Michelle, K, Dr., MD</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2023
Mailing Address 350 W 11th St Ste 5046		Transaction ID : SA11AI.62389
City Indianapolis	State IN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Indiana University School of Medicine	Occupation (for Individual) Pathologist	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Transaction ID : SA11AI.62390
City	State	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	14350.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Truist Bank**

Mailing Address 214 N. Tryon St.

City  
Charlotte

State  
NC

Zip Code  
28202

Purpose of Disbursement  
Oct-23 Chase Paymentech Fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2023			

FEC Identification Number

C

**Transaction ID : SB21B.62319**

Amount of Each Disbursement this Period

273.10

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	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)..... ▶

273.10

273.10

**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. BOB CASEY FOR SENATE INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		04		2023

Mailing Address 750 FIRST STREET, NE  
SUITE 1070

City WASHINGTON State DC Zip Code 20002

FEC Identification Number

**C** C00431056

**Transaction ID : SB23.62320**

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  
 Other (specify) ▼  
State: PA District:

Full Name (Last, First, Middle Initial)

**B. CAREY FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		04		2023

Mailing Address 439 NEW JERSEY AVENUE, SE

City WASHINGTON State DC Zip Code 20003

FEC Identification Number

**C** C00779603

**Transaction ID : SB23.62321**

Amount of Each Disbursement this Period

3000.00

Memo Item

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  
 Other (specify) ▼  
State: OH District: 15

Full Name (Last, First, Middle Initial)

**C. DAVIS FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		04		2023

Mailing Address 660 PENNSYLVANIA AVENUE, SE  
SUITE 202

City WASHINGTON State DC Zip Code 20003

FEC Identification Number

**C** C00172619

**Transaction ID : SB23.62325**

Amount of Each Disbursement this Period

5000.00

Memo Item

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  
 Other (specify) ▼  
State: IL District: 07

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

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

9000.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. DIANA DEGETTE FOR CONGRESS**

Mailing Address 228 2ND STREET, SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: CO District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			04			2023					

FEC Identification Number

**C** C00311639

**Transaction ID : SB23.62326**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. SCHNEIDER FOR CONGRESS**

Mailing Address 315 INSPIRATION LANE

City  
GAITHERSBURG

State  
MD

Zip Code  
20878

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify)

State: IL District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			04			2023					

FEC Identification Number

**C** C00495952

**Transaction ID : SB23.62328**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. SPIKE PAC**

Mailing Address PO BOX 9536  
C/O NORTH SIDE VENTURES

City  
LOWELL

State  
MA

Zip Code  
01853

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼ OTHER

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			04			2023					

FEC Identification Number

**C** C00787317

**Transaction ID : SB23.62329**

Amount of Each Disbursement this Period

1000.00
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Memo Item

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

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

3000.00
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12000.00
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