

**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.....	355085.32	
(c) Total Receipts (from Line 19)	22923.30	139977.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	378008.62	535550.69
7. Total Disbursements (from Line 31).....	75595.28	233137.35
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	302413.34	302413.34
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

College of American Pathologists Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	19463.30	119053.30
(ii) Unitemized	3460.00	20924.30
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	22923.30	139977.60
(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)	22923.30	139977.60
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)).....▶	22923.30	139977.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	22923.30	139977.60

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	95.28	1137.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	95.28	1137.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	75500.00	232000.00
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)) ..	75595.28	233137.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	75595.28	233137.35

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	22923.30	139977.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22923.30	139977.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	95.28	1137.35
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	95.28	1137.35

**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 37
<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. Booth, Alyson, Miller, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 Michigan St NE

City Grand Rapids	State MI	Zip Code 49503-2514
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Spectrum Health Blodgett Hosp	Occupation (for Individual) Pathologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2020
Transaction ID : SA11AI.58925

Amount of Each Receipt this Period
 1000.00

Memo Item

B. 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
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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 ▼
213.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2020
Transaction ID : SA11AI.58964

Amount of Each Receipt this Period
 213.30

Memo Item

C. Caldwell, John, Aikman, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 309 Carolina Club Dr

City Spartanburg	State SC	Zip Code 29306-6605
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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
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2020
Transaction ID : SA11AI.58918

Amount of Each Receipt this Period
 750.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1963.30
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 37
<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. 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) Spartanburg Regional Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 03 / 2020
Transaction ID : SA11AI.58923
 Amount of Each Receipt this Period 750.00
 Memo Item

B. Caruso, James, L., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6763 Tremolite Dr
 City Castle Rock State CO Zip Code 80108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Examiners Office Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 10 / 2020
Transaction ID : SA11AI.58948
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Comstock, Jessica, M, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Path 100 Mario Capecchi Dr
 City Salt Lake City State UT Zip Code 84113-1103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Primary Children's Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 08 / 2020
Transaction ID : SA11AI.58929
 Amount of Each Receipt this Period 1500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2550.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 8 OF 37
Use separate schedule(s) for each category of the Detailed Summary Page
FOR LINE NUMBER: (check only one)
11a 11b 11c 12
13 14 15 16 17

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

A. Deck, Michael, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 3700 Shantara Lane
City Plano State TX Zip Code 75093
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Michael E. Deck, MD, PA Occupation (for Individual) Pathologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 2500.00

Date of Receipt 09 / 03 / 2020
Transaction ID : SA11AI.58920
Amount of Each Receipt this Period 2500.00
Memo Item

B. 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 1200.00

Date of Receipt 09 / 17 / 2020
Transaction ID : SA11AI.58980
Amount of Each Receipt this Period 200.00
Memo Item

C. Gang, David, L., Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address Dept of Path 759 Chestnut St
City Springfield State MA Zip Code 01199-1001
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Baystate Med Ctr Occupation (for Individual) Pathologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 300.00

Date of Receipt 09 / 13 / 2020
Transaction ID : SA11AI.58965
Amount of Each Receipt this Period 200.00
Memo Item

SUBTOTAL of Receipts This Page (optional)..... 2900.00
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 37
<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. Goldfischer, Michael, Jean, Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 46 Wilcox Dr

City Mountain Lakes	State NJ	Zip Code 07046-1148
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hackensack Univ Med Ctr	Occupation (for Individual) Pathologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2020

Transaction ID : SA11AI.58932

Amount of Each Receipt this Period
500.00

Memo Item

B. 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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2020

Transaction ID : SA11AI.58972

Amount of Each Receipt this Period
100.00

Memo Item

C. Hinchey, William, W, Dr, MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 Canterbury Hill St

City San Antonio	State TX	Zip Code 78209-2817
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Christus Santa Rosa Westover Hills	Occupation (for Individual) Pathologist
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2020

Transaction ID : SA11AI.58966

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1100.00
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: PAGE 10 OF 37
	(check only one)
<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. Jackson, Grace, N, Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24035 Vecchio

City San Antonio	State TX	Zip Code 78260-3505
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2020

Transaction ID : SA11AI.58927

Amount of Each Receipt this Period
500.00

Memo Item

B. Kligora, Christopher, John, Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 Overhill Rd SE

City Rome	State GA	Zip Code 30161-6282
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2020

Transaction ID : SA11AI.58997

Amount of Each Receipt this Period
500.00

Memo Item

C. Lee, Darlene, M., Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1200 N Beaver St

City Flagstaff	State AZ	Zip Code 86001-3118
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Flagstaff Medical Center	Occupation (for Individual) Pathologist
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2020

Transaction ID : SA11AI.58963

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
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 37
	<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	<input type="checkbox"/> 17

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

A. Leverone, Joseph, P, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Markay RDG
 City Minneapolis State MN Zip Code 55422-4121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Josephs Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2020
Transaction ID : SA11AI.58979
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Martin, Alvin, W., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Cpa Laboratory 2307 Greene Way
 City Louisville State KY Zip Code 40220-4009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Norton Healthcare Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 17 / 2020
Transaction ID : SA11AI.58969
 Amount of Each Receipt this Period 1500.00
 Memo Item

C. Miller, Dylan, V, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5252 Intermountain Dr
 City Murray State UT Zip Code 84107-5700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Intermountain Laboratory Services Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 10 / 2020
Transaction ID : SA11AI.58945
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 37
<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 ▼ 1575.00

Date of Receipt 09 / 18 / 2020
Transaction ID : SA11AI.58993
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Neal, Margaret, H, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3813 Bobbin Brook Cir
 City Tallahassee State FL Zip Code 32312-1219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KWB Pathology Associates Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2020
Transaction ID : SA11AI.58967
 Amount of Each Receipt this Period 500.00
 Memo Item

C. 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 ▼ 350.00

Date of Receipt 09 / 17 / 2020
Transaction ID : SA11AI.58998
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
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 13 OF 37
	<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. Puckett, Thomas, G, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Path
 421 S 28th Ave Ste 310
 City Hattiesburg State MS Zip Code 39401-7208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hattiesburg Clinic Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 17 / 2020
Transaction ID : SA11AI.58992
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Pullman, James, M, Mrs., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4th Flr Foreman Pavilion
 111 E 210th St
 City Bronx State NY Zip Code 10467-2401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montefiore Med Ctr Moses Division Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 03 / 2020
Transaction ID : SA11AI.58916
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Robboy, Stanley, J., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 316 Circle Park PL
 City Chapel Hill State NC Zip Code 27517-8163
 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 ▼ 1000.00

Date of Receipt 09 / 03 / 2020
Transaction ID : SA11AI.58922
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2300.00
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 37
<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. Rocha, Ronald, E, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5350 Candelabra Place
 City San Luis Obispo State CA Zip Code 93401-7642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Pacific Medical Laboratories Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 17 / 2020
Transaction ID : SA11AI.58990
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Sens, Mary, Ann, Dr., MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Mailstop 9037 Rm W424 1301 N Columbia Rd
 City Grand Forks State ND Zip Code 58202-9037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of North Dakota Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 10 / 2020
Transaction ID : SA11AI.58955
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Simonetti, Anthony, John, Dr., MD, MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 960 Saint Matthews Road
 City Chester Springs State PA Zip Code 19425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Reading Hospital Tower Heath Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 09 / 01 / 2020
Transaction ID : SA11AI.58909
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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 37
	<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. Smith, Jeffrey, B, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1395 S Pinellas Ave
 City Tarpon Springs State FL Zip Code 34689-3790
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Helen Ellis Memorial Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 03 / 2020
Transaction ID : SA11AI.58917
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Soike, David, R., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4501 Cherokee Rd
 City Jonesborough State TN Zip Code 37659-6551
 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 09 / 17 / 2020
Transaction ID : SA11AI.58975
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Thomas, Lindsey, C., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5109 Emerson Ave S
 City Minneapolis State MN Zip Code 55419-1155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Unaffiliated Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 10 / 2020
Transaction ID : SA11AI.58952
 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 16 OF 37
<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. 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 ▼ 450.00

Date of Receipt 09 / 22 / 2020
Transaction ID : SA11AI.58994
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Wessels, Robert, A., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Fm 1960 Rd W
 City Houston State TX Zip Code 77090-3402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Houston Northwest Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2020
Transaction ID : SA11AI.58989
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Wilson, Patrick, A, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Path & Lab Med 200 Hawthorne Ln
 City Charlotte State NC Zip Code 28204-2515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Novant Health Presbyterian Medical Cen Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 08 / 2020
Transaction ID : SA11AI.58934
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
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 17 OF 37
<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. 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 ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2020
Transaction ID : SA11AI.58986

Amount of Each Receipt this Period
 50.00

Memo Item

B. Zimmerman, Michelle, K, Dr., MD, MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 430 Buckingham Dr

City Indianapolis	State IN	Zip Code 46208-3612
----------------------	-------------	------------------------

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

Name of Employer (for Individual) DPLM at Indiana Univ Health Pathology	Occupation (for Individual) Pathologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2020
Transaction ID : SA11AI.58957

Amount of Each Receipt this Period
 250.00

Memo Item

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

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	19463.30

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sun Trust Bank

Mailing Address P.O. Box 85024

City
Richmond

State
VA

Zip Code
23285

Purpose of Disbursement
RAZ Fee Deducted from Suntrust Deposit

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
0	9		0	2		2	0	2	0

FEC Identification Number

C []

Transaction ID : SB21B.58814

Amount of Each Disbursement this Period

[] 45.28 []

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 Account Analysis Fee

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
0	9		2	1		2	0	2	0

FEC Identification Number

C []

Transaction ID : SB21B.58813

Amount of Each Disbursement this Period

[] 50.00 []

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

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)..... ▶

[] 95.28 []

[] 95.28 []

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. ADRIAN SMITH FOR CONGRESS

Mailing Address 439 New Jersey Avenue, SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: NE District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	0

FEC Identification Number

C C00412890

Transaction ID : SB23.58815

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ANNA ESHOO FOR CONGRESS

Mailing Address P.O. BOX 636

City
ANNANDALE

State
VA

Zip Code
22003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: CA District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	0

FEC Identification Number

C C00258475

Transaction ID : SB23.58821

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ANN WAGNER FOR CONGRESS

Mailing Address C/O HIGH POINT GRP
PO BOX 15276

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: MO District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	0

FEC Identification Number

C C00495846

Transaction ID : SB23.58819

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. BEN SASSE FOR US SENATE INC		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020
Mailing Address 18 HAMPTON HILLS LANE		FEC Identification Number C 000547976 Transaction ID : SB23.58823 Amount of Each Disbursement this Period 2000.00
City RICHMOND	State VA	Zip Code 23226
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020	<input type="checkbox"/> Memo Item
State: NE	District: 00	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. BOB CASEY FOR SENATE INC		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020
Mailing Address 750 FIRST STREET, NE SUITE 1070		FEC Identification Number C 000431056 Transaction ID : SB23.58824 Amount of Each Disbursement this Period 1000.00
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020	<input type="checkbox"/> Memo Item
State: PA	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. BUCSHON FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020
Mailing Address 611 PENNSYLVANIA AVE, SE #396		FEC Identification Number C 000468256 Transaction ID : SB23.58826 Amount of Each Disbursement this Period 1000.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020	<input type="checkbox"/> Memo Item
State: IN	District: 08	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional).....▶	4000.00
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. BUDDY CARTER FOR CONGRESS

Mailing Address 824 S MILLEDGE AVE
SUITE 101

City ATHENS State GA Zip Code 30605

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2020

FEC Identification Number

C C00543967

Transaction ID : SB23.58827

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CINDY AXNE FOR CONGRESS

Mailing Address PO BOX 65551

City WEST DES MOINES State IA Zip Code 50265

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2020

FEC Identification Number

C C00646844

Transaction ID : SB23.58828

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CISNEROS FOR CONGRESS

Mailing Address C/O STRATHDEE GRP
PO BOX 15096

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: CA District: 39

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2020

FEC Identification Number

C C00650648

Transaction ID : SB23.58830

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. DAVID ROUZER FOR CONGRESS

Mailing Address 611 PENNSYLVANIA AVE, SE
#396

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: NC District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	0

FEC Identification Number

C C00501643

Transaction ID : SB23.58839

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DEBBIE DINGELL FOR CONGRESS

Mailing Address P.O. BOX 636

City ANNANDALE State VA Zip Code 22003

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	0

FEC Identification Number

C C00558213

Transaction ID : SB23.58840

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DONALD NORCROSS FOR CONGRESS

Mailing Address PO BOX 160

City COLLINGSWOOD State NJ Zip Code 08108

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	0

FEC Identification Number

C C00558320

Transaction ID : SB23.58841

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)..... ▶

3500.00

**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. DOUG JONES FOR SENATE COMMITTEE

Mailing Address PO BOX 131025

City
BIRMINGHAM

State
AL

Zip Code
35213

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: AL District: 00

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	0

FEC Identification Number

C C00640623

Transaction ID : SB23.58844

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DR KIM SCHRIER FOR CONGRESS

Mailing Address PO BOX 2728

City
ISSAQUAH

State
WA

Zip Code
98027

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: WA District: 08

Disbursement For: 2020
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	0

FEC Identification Number

C C00652628

Transaction ID : SB23.58845

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ELISE FOR CONGRESS

Mailing Address 415 WARNER STREET, NW

City
WASHINGTON

State
DC

Zip Code
20001

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NY District: 21

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	0

FEC Identification Number

C C00547893

Transaction ID : SB23.58908

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. ELIZABETH PANNILL FLETCHER FOR CONGRESS

Mailing Address 3262 WESTHEIMER RD
PMB #636

City HOUSTON State TX Zip Code 77098

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: TX District: 07

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
09 / 30 / 2020

FEC Identification Number

C C00640045

Transaction ID : SB23.58847

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DAN KILDEE

Mailing Address P.O. BOX 248

City FLINT State MI Zip Code 48501

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: MI District: 05

Disbursement For: 2020
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
09 / 30 / 2020

FEC Identification Number

C C00499947

Transaction ID : SB23.58849

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DICK DURBIN COMMITTEE

Mailing Address 200 East Jefferson Street

City Falls Church State VA Zip Code 22046

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: IL District: 00

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
09 / 30 / 2020

FEC Identification Number

C C00148999

Transaction ID : SB23.58851

Amount of Each Disbursement this Period

2000.00

Memo Item

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

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

4000.00

**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. GLENN GROTHMAN FOR CONGRESS

Mailing Address 411 FIRST STREET, SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: WI District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	0

FEC Identification Number

C C00561597

Transaction ID : SB23.58858

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. GOMEZ VICTORY FUND

Mailing Address 5 JEFFERSON DRIVE

City
CARLISLE

State
PA

Zip Code
17015

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) OTHER

State: CA District: 34

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	0

FEC Identification Number

C C00757195

Transaction ID : SB23.58860

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. GREEN VICTORY FUND

Mailing Address 1530 WILSON BLVD
SUITE 440

City
ARLINGTON

State
VA

Zip Code
22209

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) OTHER

State: TN District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	0

FEC Identification Number

C C00687574

Transaction ID : SB23.58862

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. HARLEY ROUDA FOR CONGRESS

Mailing Address C/O LORI SILVERMAN
PO BOX 2433

City FALLS CHURCH State VA Zip Code 22042

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: CA District: 48

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2020

FEC Identification Number

C00633982

Transaction ID : SB23.58864

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
09 / 30 / 2020

FEC Identification Number

C00140715

Transaction ID : SB23.58866

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JOE MORELLE FOR CONGRESS

Mailing Address 401 2ND AVE SOUTH
SUITE 303

City SEATTLE State WA Zip Code 98104

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: NY District: 25

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2020

FEC Identification Number

C00675108

Transaction ID : SB23.58867

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. JOE NEGUSE FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 656 ROCK RIDGE DRIVE

City LAFAYETTE State CO Zip Code 80026

Purpose of Disbursement Category/Type

Candidate Name

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

State: CO District: 02

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C00648253
Transaction ID : SB23.58868
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. KANSANS FOR MARSHALL

Full Name (Last, First, Middle Initial)
Mailing Address 12627 E CENTRAL SUITE 306

City WITCHITA State KS Zip Code 67206

Purpose of Disbursement Category/Type

Candidate Name

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

State: KS District: 01

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C00576173
Transaction ID : SB23.58870
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. KANSANS FOR MARSHALL

Full Name (Last, First, Middle Initial)
Mailing Address 12627 E CENTRAL SUITE 306

City WITCHITA State KS Zip Code 67206

Purpose of Disbursement Category/Type

Candidate Name

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

State: KS District: 01

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C00576173
Transaction ID : SB23.58871
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)..... ▶

3000.00

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

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

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<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. KATHLEEN RICE FOR CONGRESS

Mailing Address 600 PENNSYLVANIA AVE, SE
15845

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2020

FEC Identification Number

C00555813

Transaction ID : SB23.58872

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LAHOOD FOR CONGRESS

Mailing Address 5827 COLFAX AVENUE

City ALEXANDRIA State VA Zip Code 22311

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2020

FEC Identification Number

C00575050

Transaction ID : SB23.58874

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MAX ROSE FOR CONGRESS

Mailing Address PO BOX 100496

City STATEN ISLAND State NY Zip Code 10310

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: NY District: 11

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2020

FEC Identification Number

C00652248

Transaction ID : SB23.58875

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. MCCAUL FOR CONGRESS, INC

Mailing Address RED RIVER COMPANY
PO BOX 15239

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: TX District: 10

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2020

FEC Identification Number

C C00392688

Transaction ID : SB23.58877

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MCCONNELL FOR SENATE COMMITTEE

Mailing Address P.O. BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2020

FEC Identification Number

C C00193342

Transaction ID : SB23.58879

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. 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

MM / DD / YYYY
09 / 30 / 2020

FEC Identification Number

C C00372532

Transaction ID : SB23.58881

Amount of Each Disbursement this Period

2500.00

Memo Item

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

6000.00

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. MORAN VICTORY COMMITTEE

Mailing Address 1200 MAIN STREET
SUITE 101

City HAYS State KS Zip Code 67601

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: KS District:

Disbursement For: 2020
 Primary General
 Other (specify) OTHER

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2020

FEC Identification Number

C 000616268

Transaction ID : SB23.58882

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MULLIN FOR CONGRESS

Mailing Address 439 NEW JERSEY AVE, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: OK District: 02

Disbursement For: 2020
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2020

FEC Identification Number

C 000498345

Transaction ID : SB23.58883

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. NADLER FOR CONGRESS

Mailing Address 200 WEST 79TH STREET
SUITE 8N

City NEW YORK State NY Zip Code 10024

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NY District: 10

Disbursement For: 2020
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2020

FEC Identification Number

C 000290825

Transaction ID : SB23.58884

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)..... ▶

3000.00

**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. NANCY PELOSI FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 430 SOUTH CAPITOL STREET, SE
1ST FLOOR

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

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

State: CA District: 12

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C00213512
Transaction ID : SB23.58886
Amount of Each Disbursement this Period: 2000.00

Memo Item

B. OCEANS PAC

Full Name (Last, First, Middle Initial)

Mailing Address 750 FIRST STREET, NE
SUITE 1070

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C00431601
Transaction ID : SB23.58887
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. PEOPLE FOR DEREK KILMER

Full Name (Last, First, Middle Initial)

Mailing Address 412 FIRST STREET, SE
SUITE 100

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: WA District: 06

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C00514893
Transaction ID : SB23.58889
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)..... ▶

4000.00

**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. RICK W. ALLEN FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P. O. BOX 338

City AUGUSTA State GA Zip Code 30903

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C00504019
Transaction ID : SB23.58891
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 5130

City EVANSTON State IL Zip Code 60204

Purpose of Disbursement

Candidate Name

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

State: IL District: 09

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C00327023
Transaction ID : SB23.58893
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. STANTON FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 1605 RUSSELL ROAD

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C00657304
Transaction ID : SB23.58894
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

A. STEVE DAINES FOR MONTANA

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1598

City HELENA State MT Zip Code 59624

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C00491357
Transaction ID : SB23.58897
Amount of Each Disbursement this Period: 5000.00

Memo Item

B. TINA SMITH FOR MINNESOTA

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 14362

City ST. PAUL State MN Zip Code 55114

Purpose of Disbursement Category/Type

Candidate Name

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

State: MN District: 00

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C00663781
Transaction ID : SB23.58899
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. TONY CARDENAS FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 15096

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement Category/Type

Candidate Name

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

State: CA District: 29

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C00498873
Transaction ID : SB23.58900
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. VAN TAYLOR CAMPAIGN

Mailing Address 439 NEW JERSEY AVE, SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: TX District: 03

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2020

FEC Identification Number

C C00653634

Transaction ID : SB23.58901

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. WELCH 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: 2020
 Primary General
 Other (specify)

State: VT District: 00

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2020

FEC Identification Number

C C00413179

Transaction ID : SB23.58902

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. WENSTRUP FOR CONGRESS

Mailing Address 1006 PENDLETON STREET

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: OH District: 02

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2020

FEC Identification Number

C C00497818

Transaction ID : SB23.58903

Amount of Each Disbursement this Period

2500.00

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. WYDEN FOR SENATE

Mailing Address 41 STREET SE, #715

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: OR District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	0

FEC Identification Number

C C00308676

Transaction ID : SB23.58904

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. WYDEN FOR SENATE

Mailing Address 41 STREET SE, #715

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: OR District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	0

FEC Identification Number

C C00308676

Transaction ID : SB23.58905

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. WYDEN FOR SENATE

Mailing Address 41 STREET SE, #715

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: OR District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	0

FEC Identification Number

C C00308676

Transaction ID : SB23.58906

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)..... ▶

75500.00