

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 3. IS THIS REPORT NEW (N) OR AMENDED (A) C C00274944 x

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 in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 05 / 01 / 2023 through 05 / 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. Kozel, Jessica, A, Dr, MD Type or Print Name of Treasurer

Signature of Treasurer Kozel, Jessica, A, Dr, MD [Electronically Filed] Date 06 / 15 / 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**

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="229007.07"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="32776.00"/>	<input type="text" value="115551.70"/>
(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="261783.07"/>	<input type="text" value="404476.58"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13087.46"/>	<input type="text" value="155780.97"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="248695.61"/>	<input type="text" value="248695.61"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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:

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: 05 / 01 / 2023 To: 05 / 31 / 2023

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).....	30475.00	99892.68
(ii) Unitemized	2301.00	15659.02
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	32776.00	115551.70
(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)	32776.00	115551.70
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)).....▶	32776.00	115551.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	32776.00	115551.70

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	87.46	1780.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	87.46	1780.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13000.00	154000.00
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)) ..	13087.46	155780.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13087.46	155780.97

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	32776.00	115551.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32776.00	115551.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	87.46	1780.97
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	87.46	1780.97

**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 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Agersborg, Sally, S, Dr., MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Chianti
 City Ladera Ranch State CA Zip Code 92694-1402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Inform Diagnostics, Inc. Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 16 / 2023
Transaction ID : SA11AI.62036
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Birdsong, George, G, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Anatomic Path PO Box 26248
 City Atlanta State GA Zip Code 30303-3031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Grady Health System Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 15 / 2023
Transaction ID : SA11AI.62020
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Blann, Melissa, Mulkey, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12001 Troy Ave
 City Lubbock State TX Zip Code 79424-7732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ameripath Lubbock CMC Campus Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 17 / 2023
Transaction ID : SA11AI.62038
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Bryce, Clare, Helen, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 170 E 94th St Apt 2g
 City New York State NY Zip Code 10128-2559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Edinburgh Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 30 / 2023
Transaction ID : SA11AI.62059
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Cohen, Michael, B, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Medical Center Boulevard
 City Winston Salem State NC Zip Code 27157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wake Forest University Health Sciences Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2023
Transaction ID : SA11AI.61994
 Amount of Each Receipt this Period 500.00
 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 ▼ 500.00

Date of Receipt 05 / 02 / 2023
Transaction ID : SA11AI.62064
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dash, Raj, C., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11420 Governors Dr
 City Chapel Hill State NC Zip Code 27517
 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 500.00

Date of Receipt 05 / 28 / 2023
Transaction ID : SA11AI.62063
 Amount of Each Receipt this Period 100.00
 Memo Item

B. de Baca, M.E., (Doc), Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 550 17th Ave Ste 300
 City Seattle State WA Zip Code 98122-5789
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pacific Pathology Partners Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 05 / 12 / 2023
Transaction ID : SA11AI.62019
 Amount of Each Receipt this Period 1000.00
 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 250.00

Date of Receipt 05 / 12 / 2023
Transaction ID : SA11AI.61995
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1350.00
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 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Eckert, E. Randy, , Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13322 Shore Vista Dr

City Austin	State TX	Zip Code 78732-1617
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) North Austin Medical Center	Occupation (for Individual) Pathologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2023

Transaction ID : SA11AI.62021

Amount of Each Receipt this Period
1000.00

Memo Item

B. Emory, Theresa, S, Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1918 W State St

City Bristol	State TN	Zip Code 37620-1940
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highlands Pathology Consultants, PC	Occupation (for Individual) Pathologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2023

Transaction ID : SA11AI.61996

Amount of Each Receipt this Period
2500.00

Memo Item

C. 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
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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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2023

Transaction ID : SA11AI.61997

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	4000.00
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 22
(check only one)

<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. Foo, Wai Chin, , Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1515 Holcombe Blvd Unit 085

City Houston	State TX	Zip Code 77030-4000
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UTMD Anderson Cancer 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
 05 / 15 / 2023
Transaction ID : SA11AI.62023

Amount of Each Receipt this Period
500.00

Memo Item

B. Godbey, Patrick, E., Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 203 Indigo Dr

City Brunswick	State GA	Zip Code 31525-6865
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2023
Transaction ID : SA11AI.62024

Amount of Each Receipt this Period
5000.00

Memo Item

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

Mailing Address 3407 N Pointe Dr

City St Joseph	State MO	Zip Code 64506
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Liberty Hospital	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
 05 / 12 / 2023
Transaction ID : SA11AI.61999

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5600.00
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 11 OF 22
(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. Hattab, Eyas, M, Dr., MD,MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 521 W Ormsby Ave
 City Louisville State KY Zip Code 40202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Louisville Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 12 / 2023
Transaction ID : SA11AI.62003
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Heese, Jason, Paul, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 Pineridge Blvd Rm 1-919
 City Wausau State WI Zip Code 54401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Associates in Pathology SC Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 18 / 2023
Transaction ID : SA11AI.62046
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Hosseini, Mojgan, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address East Campus Office Building Ecob
 9444 Medical Center Dr Mc7723
 City La Jolla State CA Zip Code 92037-1337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of California San Diego Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 05 / 23 / 2023
Transaction ID : SA11AI.62051
 Amount of Each Receipt this Period 475.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1025.00
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 12 OF 22
	(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

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

A. Johnson, Rebecca, L., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 Bermuda Ave
 City Tampa State FL Zip Code 33606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Board of Pathology Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 05 / 12 / 2023
Transaction ID : SA11AI.62004
 Amount of Each Receipt this Period 2000.00
 Memo Item

B. Knight, Kathryn, T, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Pier Ave
 City Fairhope State AL Zip Code 36532-1234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Associated Pathologists LLC Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 12 / 2023
Transaction ID : SA11AI.62005
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. Knight, Kathryn, T, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Pier Ave
 City Fairhope State AL Zip Code 36532-1234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Associated Pathologists LLC Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 05 / 15 / 2023
Transaction ID : SA11AI.62025
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5500.00
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 22
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Martinez-Torres, Guillermo, G, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3320 NW 53rd St Ste 203
 City Fort Lauderdale State FL Zip Code 33309-6324
 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 ▼ 2500.00

Date of Receipt 05 / 12 / 2023
Transaction ID : SA11AI.62008
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Pansare, Vaishali, M, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 468 Cadieux Rd
 City Grosse Pointe State MI Zip Code 48230-1507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Beaumont Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2023
Transaction ID : SA11AI.62012
 Amount of Each Receipt this Period 250.00
 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 ▼ 250.00

Date of Receipt 05 / 15 / 2023
Transaction ID : SA11AI.62034
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2800.00
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 14 OF 22
(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. 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 ▼ 250.00

Date of Receipt 05 / 12 / 2023
Transaction ID : SA11AI.62013
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Reddy, Vijaya, B, Dr., MD,MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Path Rm 537 Jelke 1653 W Congress Pkwy
 City Chicago State IL Zip Code 60612-3833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rush University Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 12 / 2023
Transaction ID : SA11AI.62014
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Rezaei, M Katayoon, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1328 Titania Ln
 City McLean State VA Zip Code 22102-2751
 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 05 / 28 / 2023
Transaction ID : SA11AI.62060
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1300.00
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 15 OF 22
(check only one)

<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Taggart, Melissa, Wainwright, Dr., MD

Mailing Address 1814 Binz St Unit B

City Houston	State TX	Zip Code 77004-7636
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) U T MD Anderson Cancer Center	Occupation (for Individual) Pathologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2023

Transaction ID : SA11AI.62028

Amount of Each Receipt this Period
300.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Valdes, C. Leilani, , Dr., MD

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 Laboratory LLC	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
05	/	28	/	2023

Transaction ID : SA11AI.62058

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Volk, Emily, Ellen, Dr., MD

Mailing Address 966 Cherokee Rd Unit 302

City Louisville	State KY	Zip Code 40204-4315
--------------------	-------------	------------------------

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 ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2023

Transaction ID : SA11AI.62029

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5400.00
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 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Wessels, Robert, A., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3108 Locke Ln
 City Houston State TX Zip Code 77019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Houston Northwest Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 22 / 2023
Transaction ID : SA11AI.62049
 Amount of Each Receipt this Period 250.00
 Memo Item

B. 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 05 / 15 / 2023
Transaction ID : SA11AI.62030
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Wojcik, Eva, M, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Bldg 103 Rm 0177 2160 S 1st Ave
 City Maywood State IL Zip Code 60153-3328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Loyola University Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 12 / 2023
Transaction ID : SA11AI.62016
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Yong, William, H, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Path and Lab Med Bldg 1
 101 City Center Dr S
 City Orange State CA Zip Code 92868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UC Irvine Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 15 / 2023
Transaction ID : SA11AI.62033
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Yorke, Rebecca, F, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Houston Methodist Hospital
 Dept. of Pathology 6865 Fannin St
 City Houston State TX Zip Code 77030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Houston Methodist Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2023
Transaction ID : SA11AI.62017
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Zhai, Qihui, Jim, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Path Mayo Bldg 3rd Fl
 4500 San Pablo Rd
 City Jacksonville State FL Zip Code 32224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Jacksonville Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 12 / 2023
Transaction ID : SA11AI.62018
 Amount of Each Receipt this Period 300.00
 Memo Item

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 18 OF 22
(check only one)	
<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zimmerman, Michelle, K, Dr., MD

Mailing Address 350 W 11th St Ste 5046

City Indianapolis	State IN	Zip Code 46202-4108
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Indiana University School of Medicine	Occupation (for Individual) Pathologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		30		2023

Transaction ID : SA11AI.62062

Amount of Each Receipt this Period
50.00

Memo Item

B. 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	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

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	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	30475.00

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
Truist Bank Amex Charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 05 / 2023

FEC Identification Number

C
Transaction ID : SB21B.61973
Amount of Each Disbursement this Period
57.35

Memo Item

Full Name (Last, First, Middle Initial)

B. Truist Bank

Mailing Address 214 N. Tryon St.

City Charlotte State NC Zip Code 28202

Purpose of Disbursement
Truist Bank Chase Payment Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2023

FEC Identification Number

C
Transaction ID : SB21B.61974
Amount of Each Disbursement this Period
81.11

Memo Item

Full Name (Last, First, Middle Initial)

C. Truist Bank

Mailing Address 214 N. Tryon St.

City Charlotte State NC Zip Code 28202

Purpose of Disbursement
Truist Bank Chase Payment Chargeback

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2023

FEC Identification Number

C
Transaction ID : SB21B.61975
Amount of Each Disbursement this Period
- 51.00

Memo Item

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

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

87.46
87.46

**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. BOOTS POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		31		2023

Mailing Address 439 NEW JERSEY AVENUE, SE

FEC Identification Number

C	C00567545
---	-----------

Transaction ID : SB23.61979

Amount of Each Disbursement this Period

1000.00

Memo Item

City WASHINGTON	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2023
 Primary General
 Other (specify) ▼

State: District: OTHER

Full Name (Last, First, Middle Initial)

B. DAN CRENSHAW FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		31		2023

Mailing Address 439 NEW JERSEY AVENUE, SE

FEC Identification Number

C	C00660795
---	-----------

Transaction ID : SB23.61980

Amount of Each Disbursement this Period

2500.00

Memo Item

City WASHINGTON	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: TX District: 02

Full Name (Last, First, Middle Initial)

C. DOGGETT FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		31		2023

Mailing Address PO BOX 5843

FEC Identification Number

C	C00286500
---	-----------

Transaction ID : SB23.61981

Amount of Each Disbursement this Period

2000.00

Memo Item

City AUSTIN	State TX	Zip Code 78763
----------------	-------------	-------------------

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: TX District: 35

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

5500.00

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

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**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. GRANITE VALUES PAC

Mailing Address 600 PENNSYLVANIA AVE, SE
#15180

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2023
 Primary General
 Other (specify) **OTHER**

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	2	3

FEC Identification Number

C C00629311

Transaction ID : SB23.61976

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. MENENDEZ FOR SENATE

Mailing Address ONE PARK ROW, 5TH FLOOR
CFO COMPLIANCE

City
PROVIDENCE

State
RI

Zip Code
02903

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: NJ District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	2	3

FEC Identification Number

C C00264564

Transaction ID : SB23.61982

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. MICHELLE STEEL FOR CONGRESS

Mailing Address 2200 W WINDSOR AVENEUE

City
ALEXANDRIA

State
VA

Zip Code
22301

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: CA District: 45

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	2	3

FEC Identification Number

C C00704981

Transaction ID : SB23.61983

Amount of Each Disbursement this Period

1	0	0	0	0	0
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Memo Item

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

4	5	0	0	0	0
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TOTAL This Period (last page this line number only).....▶

4	5	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. SCOTT PETERS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	31	/	2023

Mailing Address 412 1ST STREET, SE

FEC Identification Number

C C00503110

Transaction ID : SB23.61985

Amount of Each Disbursement this Period

2000.00

Memo Item

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼
State: CA District: 52

Full Name (Last, First, Middle Initial)

B. THE HAWKEYE PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	10	/	2023

Mailing Address 1020 NORTH FAIRFAX STREET SUITE 201

FEC Identification Number

C C00379479

Transaction ID : SB23.61978

Amount of Each Disbursement this Period

1000.00

Memo Item

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2023 Primary General Other (specify) OTHER
State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

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

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

3000.00

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

13000.00