09/14/2023 15 : 09

PAGE 1 / 15

FEC	AND DISBUF	RSEMENTS	Office	• Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
College of American F	Pathologists Political	Action Committee		
ADDRESS (number and street)	1001 G Street NW			
Check if different	Suite 425 West			
than previously reported. (ACC)	Washington			001
2. FEC IDENTIFICATION N	UMBER V CI	TY 🔺	STATE 🔺	ZIP CODE
C C00274944		IS THIS X NEW REPORT X (N) OF	AMENDE (A)	D
4. TYPE OF REPORT (Choose One)	Report Due On:	b 20 (M2) May 20 (M		Year Only)
(a) Quarterly Reports:		ur 20 (M3) Jun 20 (Mi		(Non-Election Year Only)
April 15 Quarterly Report (0		r 20 (M4) Jul 20 (M7	7) Oct 20 (M1	0) Jan 31 (YE)
July 15 Quarterly Report (0	(C) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
October 15	Report for the:	Convention (12C)	Special (12S)	
Quarterly Report (January 31 Year-End Report ()		on on	/ Y Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-Election	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)		on on		in the State of
5. Covering Period	8 / D D / Y Y Y 8 01 2023	through 08		2023
I certify that I have examined the Type or Print Name of Treasure	Kozel Jessica A Dr MD	f my knowledge and belief it is	true, correct and comp	plete.
Signature of Treasurer	el, Jessica, A, Dr, MD			D D / Y Y Y Y 14 2023
NOTE: Submission of false, error	neous, or incomplete informatio	on may subject the person signing	g this Report to the pena	alties of 52 U.S.C. § 30109
Office Use Only			FE	C FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

	College of American Pathologists Po	litical Action Committee	
_	eport Covering the Period: From:		To: 08 / D D / Y Y Y Y 31 2023
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2023		288924.88
	(b) Cash on Hand at Beginning of Reporting Period	217480.81	
	(c) Total Receipts (from Line 19)	16776.00	144334.70
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	234256.81	433259.58
7.	Total Disbursements (from Line 31)	2703.54	201706.31
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	231553.27	231553.27
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From:	/ 01 / 2023 To	b: 08 / D D / Y Y Y 08 / 31 / 2023
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	13625.00	123967.68
(i) itemized (use Schedule A)		
(ii) Unitemized	3151.00	20367.02
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	16776.00	144334.70
		0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	16776.00	144334.70
Totals to Line 33, page 5)►		49. 49. 49.
2. Transfers From Affiliated/Other	0.00	0.00
Party Committees		49. 49. 49.
3. All Loans Received	0.00	0.00
A Loop Denominate Densities	0.00	0.00
4. Loan Repayments Received		
 Offsets To Operating Expenditures (Refunds, Rebates, etc.) 		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		Ays
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts	4	
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds	4	4
(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
 Total Receipts (add Lines 11(d), 		
12, 13, 14, 15, 16, 17, and 18(c))▶	16776.00	144334.70
	4 4	
). Total Federal Receipts		
	16776.00	144334.70

I

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4
II. Disbursements	COLUMN A	COLUMN B
Operating Expenditures:	Total This Period	Calendar Year-to-Date
(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	000.54	
Expenditures	203.54	2206.31
(c) Total Operating Expenditures	202.54	2206.3 [,]
(add 21(a)(i), (a)(ii), and (b))►	203.54	2200.3
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to		
Federal Candidates/Committees and Other Political Committees	2500.00	199500.00
Independent Expenditures		
(use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d))		
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Lasna Mada	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
man i onical ooninnitees	0.00	
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	45 45 45	49. 49. 49.
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(2		
(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
	, , , , , , , , , , , , , , , , , , , ,	
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2703.54	201706.31
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	2703.54	
· ···· · · · · · · · · · · · · · · · ·	2/03.04	201706.31

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC	Form	3X	(Rev.	05/2016)
		~	(1101.	00,2010)

III. Net Contributions/ Operating Expenditures

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

(subtract Line 37 from Line 36)

	7		-7-	16776.00
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÷	-		- 7	48.
1	,	_	,	16776.00
1				203.54
4	7	1	7	200.01
1				0.00
÷	7		-7	1 1 10
				203.54
÷	-7-	1	-7-	495

144334.70 0.00 144334.70 2206.31 0.00 2206.31

COLUMN B

Calendar Year-to-Date

Page 5

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

FOR LINE NUMBER:

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PAGE 6 OF

			Detailed Summary Page		11a 13	╞	11b 14	11c		12 16	17			
	y information copied from such Reports and Stat for commercial purposes, other than using the n							solicitin		ntribut	ions			
	NAME OF COMMITTEE (In Full)													
\rangle	College of American Pathologists	s Politica	al Action Committee											
A.	Full Name of Individual (Last, First, Middle Initia Bachner, Paul, , Dr., MD	l) or Full O	rganization Name	Date of Receipt										
	Mailing Address 874 McMeekin Pl			08 / D D / Y Y Y Y Y 08 2023										
	City	State	Zip Code		Trans	acti	ion ID :	SA11A	1.621	77				
	Lexington	KY	40502-2788	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		500.00										
	Name of Employer (for Individual) Unafilliated		upation (for Individual) nologist	Memo Item										
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		500.00											
в.	Full Name of Individual (Last, First, Middle Initial Bryce, Clare, Helen, Dr., MD	l) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 170 E 94th St Apt 2g				08 31 2023									
	City	State	Zip Code	Transaction ID : SA11AI.62238 Amount of Each Receipt this Period										
	New York	NY	10128-2559											
	FEC ID number of contributing federal political committee.	С			50.00 Memo Item									
	Name of Employer (for Individual) Univ of Edinburgh		upation (for Individual) hologist											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		400.00											
С.	Full Name of Individual (Last, First, Middle Initia Caldwell, John, Aikman, Dr., MD	l) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address Dept of Path 101 E Wood St			08 08 2023							Y			
	City	State	Zip Code		Trans	act	ion ID :	SA11A	1.621	78				
	Spartanburg	SC	29303-3040		Amount	t of	Each F	Receipt t	his F	Period				
	FEC ID number of contributing federal political committee.	С					, .	7		750.0	00			
	Name of Employer (for Individual) Carolinas Pathology Group		upation (for Individual) nologist		Memo Item									
	Peopint For:		Year-to-Date ▼	_										
	Primary General Other (specify)		750.00											
s	UBTOTAL of Receipts This Page (optional)		▶				,	. ,		1300.0	00			
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SCHEDULE A (FEC Form 3X) ____

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171			Use separate schedule(s)	(check only one)									
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page										
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$\overline{\langle}$	NAME OF COMMITTEE (In Full)												
\rangle	College of American Pathologists	s Politica	I Action Committee										
Α.	Full Name of Individual (Last, First, Middle Initia Cooper, Thomas, , Joseph, Dr.	l) or Full Or	ganization Name	Date of Receipt									
	Mailing Address 5620 East El Parque Street			M M / D D / Y									
	City Long Beach	State CA	Zip Code 90815-4129	Transaction ID : SA11AI.62240 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		100.00									
	Name of Employer (for Individual) Centinela Hosp Med Ctr		pation (for Individual) ologist	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00]									
в.	Full Name of Individual (Last, First, Middle Initia Deck, Michael, A., Dr., MD	l) or Full Or	ganization Name	Date of Receipt									
	Mailing Address 6124 W Parker Rd Ste G36			08 06 / Y Y Y Y 08 06									
	City	State	Zip Code	Transaction ID : SA11AI.62173									
	Plano	ТХ	75093-8124	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		2500.00									
	Name of Employer (for Individual) MD Pathology		pation (for Individual) ologist	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 2500.00]									
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Dill, Erik, , Dr., MD	l) or Full Or	ganization Name	Date of Receipt									
	Mailing Address 929 N Saint Francis Ave			08 / D D / Y Y Y Y 08 15 2023									
	City Wichita	State KS	Zip Code 67214-3821	Transaction ID : SA11AI.62203 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		500.00									
	Name of Employer (for Individual) Ascension Via Christi Hospital St. Fra		pation (for Individual) blogist	Memo Item									
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	Mailing Address 2675 Oak Park TRL				08 / D D / Y Y Y Y 2023																
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	Name of Employer (for Individual) Rockdale Medical Center	Occu Path	•	tion (for Individual) ogist	Memo Item																
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в.	Full Name of Individual (Last, First, Middle Initia Gupta, Chakshu, , Dr., MD	(Last, First, Middle Initial) or Full Organization Name Dr., MD																			
	Mailing Address 3407 N Pointe Dr					M M / D D / Y															
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	St Joseph	MO 64506										Amount of Each Receipt this Period									
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	Name of Employer (for Individual) Liberty Hospital			ttion (for Individual) ogist																	
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		Detailed Summary Page		11a	11b	11c	12									
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NAME OF COMMITTEE (In Full)																
College of American Patho	logists Politica	al Action Committee														
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Mailing Address Dept of Path 2701 N Decatur Rd		08 / 18 / 2023 Transaction ID : SA11AI.62223														
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Name of Employer (for Individual) Emory Decatur Hospital		upation (for Individual) nologist	Memo Item													
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Primary General Other (specify) ▼		250.00]													
Full Name of Individual (Last, First, Mid B. Lapus, Angela, G, Dr., MD, MPH	ddle Initial) or Full O	rganization Name	D	ate of F	Receipt											
Mailing Address 2701 Hospital Dr CMC		M = M / D = D / Y = Y = Y = Y Y 08 03 2023														
City	State	Transaction ID : SA11AI.62170														
Victoria	ТХ	77901	Amount of Each Receipt this Period													
FEC ID number of contributing federal political committee.		275.00														
Name of Employer (for Individual) Pathologists Biomedical Labs, PLLC		upation (for Individual) hologist		Memo Item												
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Other (specify) ▼		275.00]													
Full Name of Individual (Last, First, Mid C. League, Aimee, A, Dr, MD	ddle Initial) or Full O	rganization Name	D	ate of F	Receipt											
Mailing Address 2904 Westcorp Blvd S	W Ste 108			08 ^M	/ D D 14	/ Y	2023	Y								
City	State	Zip Code		Transa	ction ID : S	SA11AI.	62200									
Huntsville	AL	35805-6437	A	mount c	of Each Re	eceipt th	is Period									
FEC ID number of contributing federal political committee.	С				y .	,	500.0	00								
Name of Employer (for Individual) Pathology Associates PC		upation (for Individual) iologist	- [Memo Item												
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	OF COMMITTEE (In Full)																
	ege of American Pathologists	s Politica	al Action Committee														
A. LeB	ame of Individual (Last, First, Middle Initia oit, Philip, E., Dr., MD		Date	of	Re	ecei	ipt										
	g Address Dermatopathology Rm 499 1701 Divisadero St	Zir Out		08 / 15 / Y Y Y Y 2023 Transaction ID : SA11AI.62205													
City San F	Francisco	State CA	Zip Code 94115-3011	_													
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	of Employer (for Individual) f California San Francisco		upation (for Individual) hologist	Memo Item													
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	ame of Individual (Last, First, Middle Initia atol, Matthew, Jonathan, Dr., MD	al) or Full O	rganization Name		Date	of	Re	ecei	ipt								
Mailin	g Address 1307 Cisler Dr	08 / D D / Y Y Y Y 08 17 2023															
City		State		Transaction ID : SA11AI.62215													
Marie	tta	OH	45750-9452		Amount of Each Receipt this Period												
	D number of contributing I political committee.	С			500.00												
Mariet	of Employer (for Individual) ta Memorial Hosp		upation (for Individual) nologist			Me	mo	o Ite	эm								
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00														
	ame of Individual (Last, First, Middle Initia Dney, Julia, E, Dr.,	al) or Full O	rganization Name		Date	of	Re	ecei	ipt								
Mailin	g Address 2036 Railroad Ave				M 08		/	Ľ	D D 17	/	Y	202	23	Y			
City Redd	ing	State CA	Zip Code 96001-1801					-	ID:	-	-	-					
	D number of contributing I political committee.			JIIL	U	⊑a		eceip	л un:	-	250.0	00					
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	ot For: Primary General Other (specify)																
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\backslash	NAME OF COMMITTEE (In Full)																	
	College of American Pathologis	sts Politic	al Ac	tion Committee														
Α.	Full Name of Individual (Last, First, Middle Ini Nakashima, Megan, O, Dr., MD	ation Name		Date o	f Re	eceipt												
	Mailing Address 9500 Euclid Ave L-30					08	1	D 07		Y)23	Y					
	City	State	Z	ip Code		Trans	sacti	ion ID	: SA1	1AI.6	6217	′ 6						
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	Name of Employer (for Individual) Cleveland Clinic Foundation		upatior hologis	n (for Individual) it	Memo Item													
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	Primary General Other (specify) ▼			1000.00														
в.	Full Name of Individual (Last, First, Middle Ini Peditto, Stephanie, , ,	tial) or Full C)rganiz	ation Name		Date o	f Re	eceipt										
	Mailing Address 325 Waukegan Road	08 / D D / Y Y Y Y 2023																
	City	State		Transaction ID : SA11AI.62211														
	Northfield	IL		Amoun	t of	Each	Recei	pt thi	is P	eriod								
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	Receipt For:	Aggregate	Year-t	o-Date 🔻														
	Other (specify) ▼		,	400.00														
<u>с</u> .	Full Name of Individual (Last, First, Middle Ini Reuter, Victor, Edward, Dr., MD	tial) or Full C)rganiz	ation Name		Date o	f Re	eceipt										
	Mailing Address Dept of Path 1275 York Ave					M M	1	25		Y		23	Y					
	City	State	Z	ip Code		Trans	sact	ion ID	: SA1	1AI.(6223	34						
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Use separate schedule(s) for each category of the Detailed Summary Page

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				Detailed Summary Page		_	11a 13		11b 14	11c		12 16	17	
	y information copied from such Reports and Sta for commercial purposes, other than using the r													
\setminus	NAME OF COMMITTEE (In Full)													
	College of American Pathologists	s Politica	al	Action Committee										
Α.	Full Name of Individual (Last, First, Middle Initia Scanlan, Richard, Michael, Dr., MD	nization Name		D	ate of	Re	eceipt							
	Mailing Address 3181 SW Sam Jackson Park Ro		08 22 2023											
	City Portland	Zip Code 97239-3098	Transaction ID : SA11AI.62230 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.													
Name of Employer (for Individual)Occupation (for Individual)Oregon Health & Science UniversityPathologist								emo	tem					
	Receipt For: Primary General Other (specify) ▼													
в.	Full Name of Individual (Last, First, Middle Initia Skitarelic, Kathryn, Frances, Dr., MD	l) or Full C	Drga	nization Name		D	ate of	Re	eceipt					
	Mailing Address 4 14th Fairway Ct					[м м 08	1	D 15		2	023	Y	
	City Morgantown	State WV	Zip Code 26508-4575		Transaction ID : SA11AI.62208 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.		250.00											
	Name of Employer (for Individual) Unaffiliated		•	tion (for Individual) ogist		ļ	Me	emo	ltem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Ye	ar-to-Date ▼ 250.00]									
<u></u>	Full Name of Individual (Last, First, Middle Initia Walker, Addie, , Dr., MD	l) or Full C	Drga	nization Name		D	ate of	Re	eceipt					
	Mailing Address 4037 NW 86th TER					Γ	08	1	D 11			023	Y	
	City Gainesville	State FL		Zip Code 32606-9277						: SA11A Receipt 1				
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	Name of Employer (for Individual) University of Florida	Occ Path	•	tion (for Individual) gist		l	Me	emo	o Item					
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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 13 OF

ITEMIZED RECEIPTS	category of the Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Patholo	gists Political Action	Committee	
Full Name of Individual (Last, First, Middle A. Willis, Monte, S, Dr., MD,PhD,MBA Mailing Address 100 7th St Apt 1306 City Pittsburgh FEC ID number of contributing federal political committee. Name of Employer (for Individual) Allegheny General Hospital Receipt For: Primary General Other (specify) ▼	State Zip Co	de 2-3421 Individual)	Date of Receipt 08 15 2023 Transaction ID : SA11AI.62210 Amount of Each Receipt this Period 500.00 Memo Item
Full Name of Individual (Last, First, Middle B. Zimmerman, Michelle, K, Dr., MD Mailing Address 350 W 11th St Ste 5046 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer (for Individual) Indiana University School of Medicine Receipt For: Primary General Other (specify) ▼	State Zip Co	de 2-4108 Individual)	Date of Receipt
Full Name of Individual (Last, First, Middle Mailing Address City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	e Initial) or Full Organization State Zip Co C Occupation (for Aggregate Year-to-Dat Image: Comparison of the second	de Individual)	Date of Receipt
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	HEDULE B (FEC Form 3X)	arate schedule(s)				NUMBER: PAGE 14 OF 15													
111	EMIZED DISBURSEMENTS	for each	category of the Summary Page			21b 28a	22 28b		23 28c		26 29		27 30b						
	y information copied from such Reports and State for commercial purposes, other than using the na																		
	NAME OF COMMITTEE (In Full)																		
	College of American Pathologists	Political	Action Comn	nitte	e														
Α.	Full Name (Last, First, Middle Initial) Truist Bank						Date of Disbursement												
	Mailing Address 214 N. Tryon St.		08 / D D / Y Y Y Y 2023																
	City Charlotte	State NC	Zip Code 28202				FEC Identification Number												
	Purpose of Disbursement			_	-		C												
	Chase Paymentech Aug-23 Fee				_		Transaction ID : SB21B.62166												
	Candidate Name			Cate Ty	egor ype	y/	Transaction ID : SB21B.62166 Amount of Each Disbursement this Period												
	Senate	Primary	General				L		,		-	_	203.54						
_	State: District:	Other (spec	cify) 🔻				Me	emo	Item										
в.	Full Name (Last, First, Middle Initial)						Data a	of Dia	shuros	mont									
ט.			Date of Disbursement																
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	Office Sought: House Disburse	ment For: Primary	General				L.		,		-								
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	olato. District.						_	_	_					_					
s	JBTOTAL of Disbursements This Page (optional).								-		-		203.54	4					
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	FOR LINE N (check only 21b 28a	•										
Any information copied from such Reports and State or for commercial purposes, other than using the nar	ments may r me and addr	not be sold or used ess of any politica	d by any perso I committee to	n for the purpose of soliciting contributions solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)														
College of American Pathologists	Political A	Action Comm	nittee											
Full Name (Last, First, Middle Initial) A. PALLONE FOR CONGRESS Mailing Address 495 BROADWAY				Date of Disbursement										
5	State	Zip Code		FEC Identification Number										
LONG BRANCH Purpose of Disbursement	NJ	07740		C C00226928										
				C00220920 Transaction ID : SB23.62165										
Candidate Name			Category/ Type	Amount of Each Disbursement this Period										
Office Sought: X House Disburse Senate President	ment For: 2 Primary Other (spec	General		2500.00 Memo Item										
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