

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

College of American Pathologists Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>		422511.14
(b) Cash on Hand at Beginning of Reporting Period.....	374228.14	
(c) Total Receipts (from Line 19)	26303.50	192450.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	400531.64	614961.64
7. Total Disbursements (from Line 31).....	- 919.17	213510.83
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	401450.81	401450.81
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 01 / 2019 To: M M / D D / Y Y Y Y Y 10 / 31 / 2019

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).....	22867.50	164692.50
(ii) Unitemized	3436.00	27758.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	26303.50	192450.50
(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)	26303.50	192450.50
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)).....▶	26303.50	192450.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	26303.50	192450.50

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	580.83	1210.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	580.83	1210.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	- 1500.00	212300.00
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)) ..	- 919.17	213510.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	- 919.17	213510.83

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)	26303.50	192450.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26303.50	192450.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	580.83	1210.83
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	580.83	1210.83

**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 24
	<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. Abbott, Jared, , Dr., MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 305 41st St
 City West Des Moines State IA Zip Code 50265-3874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pathology Laboratory Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2025.00

Date of Receipt 10 / 17 / 2019
Transaction ID : SA11AI.57812
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Bocsi, Gregory, , Dr., DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2950 Emporia CT
 City Denver State CO Zip Code 80238-2946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Colorado Hospital Author Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 25 / 2019
Transaction ID : SA11AI.57848
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Breckenridge, Robert, L, Dr., MD, MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4770 Regent Blvd
 City Irving State TX Zip Code 75063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 04 / 2019
Transaction ID : SA11AI.57759
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1275.00
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 24
<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. Cardona, Diana, Marcella, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1144 Pebble Creek Xing
 City Durham State NC Zip Code 27713-8959
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Duke University Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 26 / 2019
Transaction ID : SA11AI.57851
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Caughron, Samuel, K, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9701 E 137th St
 City Kansas City State MO Zip Code 64149-1016
 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 ▼ 2500.00

Date of Receipt 10 / 22 / 2019
Transaction ID : SA11AI.57843
 Amount of Each Receipt this Period 2000.00
 Memo Item

c. Dash, Rajesh, Chandra, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Path Box 3712
 City Durham State NC Zip Code 27710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Duke Univ Hosp & Health System Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 17 / 2019
Transaction ID : SA11AI.57826
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2625.00
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 24
<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. 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
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2019

Transaction ID : SA11AI.57820

Amount of Each Receipt this Period
150.00

Memo Item

B. 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
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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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2019

Transaction ID : SA11AI.57821

Amount of Each Receipt this Period
100.00

Memo Item

C. Eldin, Karen, Wiedemann, Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2210 W Holcombe Blvd

City Houston	State TX	Zip Code 77030-2088
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Texas Childrens Hosp	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
10	/	21	/	2019

Transaction ID : SA11AI.57841

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
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 24
<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. 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
 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 ▼ 2000.00

Date of Receipt 10 / 17 / 2019
Transaction ID : SA11AI.57840
 Amount of Each Receipt this Period 2000.00
 Memo Item

B. Fiegl, Charles, , Mr., N/A
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1001 G St NW Ste 425 West
 City Washington State DC Zip Code 20001-4545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) College of American Pathologists Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 10 / 14 / 2019
Transaction ID : SA11AI.57774
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Fiegl, Charles, , Mr., N/A
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1001 G St NW Ste 425 West
 City Washington State DC Zip Code 20001-4545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) College of American Pathologists Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 17 / 2019
Transaction ID : SA11AI.57792
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2110.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 24
<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. Fiegl, Charles, , Mr., N/A
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1001 G St NW Ste 425 West

City Washington	State DC	Zip Code 20001-4545
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) College of American Pathologists	Occupation (for Individual) Pathologist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
295.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2019
Transaction ID : SA11AI.57793

Amount of Each Receipt this Period
 25.00

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

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

Aggregate Year-to-Date ▼
1825.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2019
Transaction ID : SA11AI.57819

Amount of Each Receipt this Period
 25.00

Memo Item

C. Fowkes, Mary, Elizabeth, Dr., MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 Elm Rd

City Katonah	State NY	Zip Code 10536-1308
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
2025.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2019
Transaction ID : SA11AI.57852

Amount of Each Receipt this Period
 200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 24
<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. Freedman, S. Robert, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 604 Everett Avenue
 City Palo Alto State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regional Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 04 / 2019
Transaction ID : SA11AI.57763
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Friedberg, Richard, C., Dr., MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 103 Primrose Dr
 City Longmeadow State MA Zip Code 01106-2533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baystate Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 17 / 2019
Transaction ID : SA11AI.57828
 Amount of Each Receipt this Period 1000.00
 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 ▼ 400.00

Date of Receipt 10 / 17 / 2019
Transaction ID : SA11AI.57797
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2200.00
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 24
<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. Glassy, Eric, F, Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2801 Via Buena

City Palos Verdes Estates	State CA	Zip Code 90274-4417
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Affiliated Pathologists Medical Group	Occupation (for Individual) Pathologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2019

Transaction ID : SA11AI.57803

Amount of Each Receipt this Period
100.00

Memo Item

B. Glassy, Eric, F, Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2801 Via Buena

City Palos Verdes Estates	State CA	Zip Code 90274-4417
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Affiliated Pathologists Medical Group	Occupation (for Individual) Pathologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2019

Transaction ID : SA11AI.57804

Amount of Each Receipt this Period
100.00

Memo Item

C. Glassy, Eric, F, Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2801 Via Buena

City Palos Verdes Estates	State CA	Zip Code 90274-4417
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Affiliated Pathologists Medical Group	Occupation (for Individual) Pathologist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2019

Transaction ID : SA11AI.57805

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 24
<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. Green, Emily, Ann, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3936 19th St
 City San Francisco State CA Zip Code 94114-2522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) David Grant Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 17 / 2019
Transaction ID : SA11AI.57800
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Hanson, Gerald, R, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8591 Lorraine Dr
 City Huntington Beach State CA Zip Code 92646-2627
 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 10 / 17 / 2019
Transaction ID : SA11AI.57810
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Herbek, Gene, N, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address The Path Center 8303 Dodge St
 City Omaha State NE Zip Code 68114-4108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Methodist Hospital Pathology Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 04 / 2019
Transaction ID : SA11AI.57738
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 24
	<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. Hunt, Jennifer, L, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4301 W Markham Slot 517

City Little Rock	State AR	Zip Code 72205
---------------------	-------------	-------------------

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

Name of Employer (for Individual) University of Arkansas for Medical Sci	Occupation (for Individual) Pathologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2019

Transaction ID : SA11AI.57742

Amount of Each Receipt this Period
250.00

Memo Item

B. Jhaveri, Bharati, Suketu, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1312 Woods Farm Ln

City Springfield	State IL	Zip Code 62704-6545
---------------------	-------------	------------------------

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

Name of Employer (for Individual) St John's Hospital	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
 10 / 17 / 2019

Transaction ID : SA11AI.57791

Amount of Each Receipt this Period
1000.00

Memo Item

C. Knight, Kathryn, Teresa, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 326 Haddon Ct

City Franklin	State TN	Zip Code 37067
------------------	-------------	-------------------

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 ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2019

Transaction ID : SA11AI.57817

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3250.00
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 24
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Konnick, Eric, , Dr., MD, MS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1814 NW 77th St
 City Seattle State WA Zip Code 98117-5447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Washington Medical Cente Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 13 / 2019
Transaction ID : SA11AI.57771
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Konnick, Eric, , Dr., MD, MS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1814 NW 77th St
 City Seattle State WA Zip Code 98117-5447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Washington Medical Cente Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 17 / 2019
Transaction ID : SA11AI.57806
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Konnick, Eric, , Dr., MD, MS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1814 NW 77th St
 City Seattle State WA Zip Code 98117-5447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Washington Medical Cente Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt 10 / 17 / 2019
Transaction ID : SA11AI.57807
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 110.00
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 24
	<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. Kozarski, Tzvetan, Borissov, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1029 Briarwood Dr
 City Endicott State NY Zip Code 13760-7128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Hlth Svcs-Wilson Mem Reg Med Ct Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 14 / 2019
Transaction ID : SA11AI.57780
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Lapham, Rosanna, L, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 Candler Pl
 City Spartanburg State SC Zip Code 29302-3369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spartanburg Regional Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 30 / 2019
Transaction ID : SA11AI.57858
 Amount of Each Receipt this Period 750.00
 Memo Item

C. 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 10 / 04 / 2019
Transaction ID : SA11AI.57746
 Amount of Each Receipt this Period 250.00
 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: (check only one)	PAGE 17 OF 24
	<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. Martinez-Torres, Guillermo, G, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8057 N Links Way
 City Fox Point State WI Zip Code 53217-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Columbia St Mary's Hospital of Milwauk Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **10 / 17 / 2019**
Transaction ID : SA11AI.57811
 Amount of Each Receipt this Period 2000.00
 Memo Item

B. Novis, David, Alan, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 213 South St
 City Portsmouth State NH Zip Code 03801-4526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Courtagen Diagnostics Laboratory Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.50

Date of Receipt **10 / 24 / 2019**
Transaction ID : SA11AI.57847
 Amount of Each Receipt this Period 227.50
 Memo Item

C. Pansare, Vaishali, M, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 521 Oxford Rd
 City Grosse Pointe State MI Zip Code 48236-1843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Beaumont Health Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 04 / 2019**
Transaction ID : SA11AI.57769
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2327.50
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 18 OF 24
	<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. Powers, Michelle, Leigh Ehrlich, Dr., MD, MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22061 Golden Elm Cir
 City Edmond State OK Zip Code 73012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercy Hospital Oklahoma, Inc Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 17 / 2019
Transaction ID : SA11AI.57824
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Rittershaus, Ahren, C, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 521 N East St
 City Raleigh State NC Zip Code 27604-1235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cary Gastroenterology Associates Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 14 / 2019
Transaction ID : SA11AI.57773
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Rodriguez, Michelle, E, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 Highland Springs
 City Georgetown State TX Zip Code 78633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baylor Scott & White Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 17 / 2019
Transaction ID : SA11AI.57822
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 19 OF 24
<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. Scanlan, Richard, Michael, Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3181 SW Sam Jackson Park Rd # L471

City Portland	State OR	Zip Code 97239-3098
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Oregon Health & Science University	Occupation (for Individual) Pathologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2019

Transaction ID : SA11AI.57758

Amount of Each Receipt this Period
1000.00

Memo Item

B. Scott, John, H, Mr., N/A
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6313 Friendship CT

City Bethesda	State MD	Zip Code 20817-3342
------------------	-------------	------------------------

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

Name of Employer (for Individual) College of American Pathologists	Occupation (for Individual) Employee
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2019

Transaction ID : SA11AI.57772

Amount of Each Receipt this Period
250.00

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
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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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2019

Transaction ID : SA11AI.57790

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 20 OF 24
	<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. Snyder, Matthew, James, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6453 Therfield Dr
 City Raleigh State NC Zip Code 27614-7291
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Raleigh Pathology Lab Associates Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 15 / 2019
Transaction ID : SA11AI.57885
 Amount of Each Receipt this Period 250.00
 Memo Item

B. 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 ▼ 1000.00

Date of Receipt 10 / 22 / 2019
Transaction ID : SA11AI.57842
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Volk, Emily, Ellen, Dr., MD, MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 219 Lamont Ave
 City San Antonio State TX Zip Code 78209-3753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Health System Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1285.00

Date of Receipt 10 / 17 / 2019
Transaction ID : SA11AI.57801
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	310.00
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 21 OF 24
<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. Volk, Emily, Ellen, Dr., MD, MBA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 219 Lamont Ave

City San Antonio	State TX	Zip Code 78209-3753
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1785.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2019

Transaction ID : SA11AI.57802

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 705 South Bend Drive

City Durham	State NC	Zip Code 27713
----------------	-------------	-------------------

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

Name of Employer (for Individual) Rex Hospital Lab of Duraleigh	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
10	/	14	/	2019

Transaction ID : SA11AI.57778

Amount of Each Receipt this Period
1000.00

Memo Item

C. Weiss, Ronald, L, Dr., MD, MBA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2645 Nottingham Way

City Salt Lake City	State UT	Zip Code 84108-2453
------------------------	-------------	------------------------

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2019

Transaction ID : SA11AI.57829

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 24
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Woodhouse, Sherry, L, Dr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1440 Coral Ridge Dr # 296

City Coral Springs	State FL	Zip Code 33071-5433
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Pathology Consultants of S Broward	Occupation (for Individual) Pathologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2019
Transaction ID : SA11AI.5787

Amount of Each Receipt this Period
500.00

Memo Item

B. Wu, Sang, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1713 Water Lily Dr

City Southlake	State TX	Zip Code 76092-5861
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Texas Health Presbyterian Hospital Den	Occupation (for Individual) Pathologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2019
Transaction ID : SA11AI.57830

Amount of Each Receipt this Period
50.00

Memo Item

C. Young, Nancy, A, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 925 Dale Rd

City Meadowbrook	State PA	Zip Code 19046-2513
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1010.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2019
Transaction ID : SA11AI.57825

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	560.00
TOTAL This Period (last page this line number only).....	22867.50

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement
At Suntrust Bank RAZ Mobile Fee Deducted From Deposit

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2019

FEC Identification Number

C
Transaction ID : SB21B.57702
Amount of Each Disbursement this Period
530.83

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
Oct-19 Acct Analysis Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2019

FEC Identification Number

C
Transaction ID : SB21B.57703
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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C
Amount of Each Disbursement this Period

Memo Item

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

580.83

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

580.83

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOHN THUNE

Mailing Address P.O. BOX 841

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement
Void Ck 12947 - Never Cashed by Campaign

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: SD District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 22 / 2019

FEC Identification Number

C C00409581

Transaction ID : SB23.57701

Amount of Each Disbursement this Period

- 1500.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

- 1500.00

- 1500.00