

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

College of American Pathologists Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>		<input type="text" value="288924.88"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="313085.68"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9866.01"/>	<input type="text" value="34296.02"/>
(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="322951.69"/>	<input type="text" value="323220.90"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4258.14"/>	<input type="text" value="4527.35"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="318693.55"/>	<input type="text" value="318693.55"/>
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: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8416.67	28333.34
(ii) Unitemized	1449.34	5962.68
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9866.01	34296.02
(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)	9866.01	34296.02
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)).....▶	9866.01	34296.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9866.01	34296.02

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	258.14	527.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	258.14	527.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	4000.00
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)) ..	4258.14	4527.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4258.14	4527.35

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)	9866.01	34296.02
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9866.01	34296.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	258.14	527.35
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	258.14	527.35

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 11
<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 ▼ 2000.00

Date of Receipt 02 / 23 / 2023
Transaction ID : SA11AI.61692
 Amount of Each Receipt this Period 2000.00
 Memo Item

B. Berardo, Melora, D, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9600 DataPoint Dr
 City San Antonio State TX Zip Code 78229-2028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pathology Reference Laboratory LLC Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 08 / 2023
Transaction ID : SA11AI.61677
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Carlile, Brian, Keith, Dr., DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Pathology 1400 8th Ave
 City Fort Worth State TX Zip Code 76104-4110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baylor-All Saints Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 23 / 2023
Transaction ID : SA11AI.61691
 Amount of Each Receipt this Period 250.00
 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 7 OF 11
<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. Carmona, Pedro, A, Dr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Path Dept
 951 N Washington Ave
 City Titusville State FL Zip Code 32796-2163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Parrish Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 21 / 2023
Transaction ID : SA11AI.61690
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Durden, Angela, Fay, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2900 12th Ave N Ste 295W
 City Billings State MT Zip Code 59101-7504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yellowstone Pathology Institute Inc Bi Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 833.34

Date of Receipt 02 / 21 / 2023
Transaction ID : SA11AI.61703
 Amount of Each Receipt this Period 416.67
 Memo Item

C. Fekete, Paul, , S., Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 190
 City Dacula State GA Zip Code 30019-0004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gwinnett Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 24 / 2023
Transaction ID : SA11AI.61695
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1916.67
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 11
	<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. Hosfield, Elizabeth, Margaret, Dr., MD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Path
350 Saint Josephs Ave

City San Francisco State CA Zip Code 94115-3255

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

Name of Employer (for Individual) Kaiser Foundation Hospital Occupation (for Individual) Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 11 / 2023

Transaction ID : SA11AI.61683

Amount of Each Receipt this Period 250.00

Memo Item

B. Liu, Fangluo, , Dr., MD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 420 34th St

City Bakersfield State CA Zip Code 93301-2237

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

Name of Employer (for Individual) Bakersfield Memorial Hosp Lab Occupation (for Individual) Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 28 / 2023

Transaction ID : SA11AI.61697

Amount of Each Receipt this Period 250.00

Memo Item

C. Saad, Assad, J, Dr., MD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Path
1411 N Beckley Ave Ste 174

City Dallas State TX Zip Code 75203

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

Name of Employer (for Individual) Prism Pathology Occupation (for Individual) Pathologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 02 / 12 / 2023

Transaction ID : SA11AI.61684

Amount of Each Receipt this Period 2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 9 OF 11
(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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Valdes, C. Leilani, , Dr., MD,MBA

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) Citizens Medical Center Occupation (for Individual) Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2023

Transaction ID : SA11A1.61696

Amount of Each Receipt this Period
 1000.00

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 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 Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	8416.67

**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
Feb-23 American Express Fee

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2023

FEC Identification Number

C
Transaction ID : SB21B.61672
Amount of Each Disbursement this Period
22.65

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
Feb-23 Chase Paymentech Fees

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2023

FEC Identification Number

C
Transaction ID : SB21B.61671
Amount of Each Disbursement this Period
235.49

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) ▼

Date of Disbursement

MM / DD / YYYY

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)..... ▶

258.14
258.14

**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. JASON SMITH FOR CONGRESS

Mailing Address 439 New Jersey Avenue, SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

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

FEC Identification Number

C C00541862

Transaction ID : SB23.61673

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MATSUI FOR CONGRESS

Mailing Address P.O. BOX 83142

City
GAITHERSBURG

State
MD

Zip Code
20883

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: CA District: 06

Date of Disbursement

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

FEC Identification Number

C C00409219

Transaction ID : SB23.61674

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. VERN BUCHANAN FOR CONGRESS

Mailing Address P.O. BOX 15239

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: FL District: 16

Date of Disbursement

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

FEC Identification Number

C C00412759

Transaction ID : SB23.61675

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4000.00

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

4000.00