

**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="2022"/>	<input type="text" value="320408.76"/>	<input type="text" value="320408.76"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="281827.71"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="24191.68"/>	<input type="text" value="182700.33"/>
(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="306019.39"/>	<input type="text" value="503109.09"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="17094.51"/>	<input type="text" value="214184.21"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="288924.88"/>	<input type="text" value="288924.88"/>
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

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 11 / 29 / 2022 To: M M / D D / Y Y Y Y 12 / 31 / 2022

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).....	18354.68	153538.09
(ii) Unitemized	5837.00	29162.24
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	24191.68	182700.33
(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)	24191.68	182700.33
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)).....▶	24191.68	182700.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	24191.68	182700.33

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	594.51	3684.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	594.51	3684.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16500.00	210500.00
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)) ..	17094.51	214184.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17094.51	214184.21

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)	24191.68	182700.33
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24191.68	182700.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	594.51	3684.21
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	594.51	3684.21

**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 20
<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. Addington, Shari, , L., Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 416 Spring Mill Drive
 City Kerrville State TX Zip Code 78028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ameripath South Texas 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
 11 / 30 / 2022
Transaction ID : SA11AI.61534
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Alspach, Amy, , Elizabeth, Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Path Lab Z12
 1155 Mill St
 City Reno State NV Zip Code 89502-1576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Renown Reg Med Ctr 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
 12 / 19 / 2022
Transaction ID : SA11AI.61481
 Amount of Each Receipt this Period
 250.00
 Memo Item

c. Bean, Sarah, Muntzing, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3501 Pony Soldier Dr
 City Apex State NC Zip Code 27539-6899
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2022
Transaction ID : SA11AI.61493
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 20
<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. Brinker, David, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Department of Pathology
7601 Osler Dr

City Towson State MD Zip Code 21204

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

Name of Employer (for Individual) St. Joseph Med Ctr Occupation (for Individual) Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 30 / 2022
Transaction ID : SA11AI.61518

Amount of Each Receipt this Period 250.00

Memo Item

B. Cao, Jeffrey, D, Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Path AH 301
11021 Campus St

City Loma Linda State CA Zip Code 92350

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

Name of Employer (for Individual) Loma Linda Univ Med Ctr Occupation (for Individual) Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 21 / 2022
Transaction ID : SA11AI.61489

Amount of Each Receipt this Period 1000.00

Memo Item

C. 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

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 ▼ 588.00

Date of Receipt 12 / 29 / 2022
Transaction ID : SA11AI.61498

Amount of Each Receipt this Period 88.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1338.00
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 8 OF 20
(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. Chang, Anthony, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5841 S Maryland Ave MC 6101
 City Chicago State IL Zip Code 60637-1447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Chicago Hospitals Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 01 / 2022
Transaction ID : SA11AI.61413
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Cooper, Thomas, , Joseph, Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5620 East El Parque Street
 City Long Beach State CA Zip Code 90815-4129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Centinela Hosp Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 05 / 2022
Transaction ID : SA11AI.61535
 Amount of Each Receipt this Period 100.00
 Memo Item

c. Delaney, Meghan, , Dr., DO,MPH
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Michigan Ave NW
 City Washington State DC Zip Code 20010-2916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Children's National Health Systems Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 04 / 2022
Transaction ID : SA11AI.61424
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 20
<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. 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
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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 ▼
3333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2022

Transaction ID : SA11AI.61513

Amount of Each Receipt this Period
416.67

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
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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 ▼
3750.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2022

Transaction ID : SA11AI.61515

Amount of Each Receipt this Period
416.67

Memo Item

C. Durham, Janet, R, Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Great Lakes Pathologists SC
8901 W Lincoln Ave

City West Allis	State WI	Zip Code 53227-2409
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Aurora Health ACL Labs	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
12	/	01	/	2022

Transaction ID : SA11AI.61415

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1833.34
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 20
<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. Foster, Matthew, R, Dr., MD, MMM
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1914 Thomson Dr
 City Lynchburg State VA Zip Code 24501-1009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Path Consultants of Central VA Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 333.34

Date of Receipt **12 / 12 / 2022**
Transaction ID : SA11AI.61526
 Amount of Each Receipt this Period **83.34**
 Memo Item

B. Frazier, Robert, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1017 Brandon Road
 City Virginia Beach State VA Zip Code 23451-3724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Unaffiliated Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2500.00

Date of Receipt **11 / 30 / 2022**
Transaction ID : SA11AI.61531
 Amount of Each Receipt this Period **2500.00**
 Memo Item

C. Frigy, Alan, F, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2465 Haines Hill Rd
 City Decatur State IL Zip Code 62521-9120
 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 **11 / 29 / 2022**
Transaction ID : SA11AI.61402
 Amount of Each Receipt this Period **1000.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3583.34
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 20
<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. Goswitz, Joseph, , J., Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 311 Woodlawn Avenue

City St. Paul	State MN	Zip Code 55105
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2022

Transaction ID : SA11AI.61523

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 3407 N Pointe Dr

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

Name of Employer (for Individual) Liberty Hospital	Occupation (for Individual) Pathologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2022

Transaction ID : SA11AI.61406

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 3408 Stanford CT

City Saint Joseph	State MO	Zip Code 64506-4580
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MAWD Pathology Group PA	Occupation (for Individual) Pathologist
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2022

Transaction ID : SA11AI.61483

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
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 20
	<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. Kennedy, Jan, , Cecelia, Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Pathology
 2701 N Decatur Rd
 City Decatur State GA Zip Code 30033-5918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DeKalb Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 19 / 2022
Transaction ID : SA11AI.61541
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Lapham, Rosanna, L, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Path
 101 E Wood St
 City Spartanburg State SC Zip Code 29303
 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 12 / 15 / 2022
Transaction ID : SA11AI.61479
 Amount of Each Receipt this Period 750.00
 Memo Item

C. McCall, Chad, M, Dr., MD,PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2323 E 5th St
 City Charlotte State NC Zip Code 28204-4338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carolinas Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 30 / 2022
Transaction ID : SA11AI.61506
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 20
	<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. McGivney, Randall, Kenneth, Dr., DO,MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Erie CT FI 4
 City Oak Park State IL Zip Code 60302-2519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Suburban Hospital Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 08 / 2022**
Transaction ID : SA11AI.61458
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Moad, John, C., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7835 Paragon Rd
 City Dayton State OH Zip Code 45459-4021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Derm-Path Lab of Central States Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **12 / 30 / 2022**
Transaction ID : SA11AI.61509
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. Mooney, Julia, , E., Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2145 Court Street
 City Redding State CA Zip Code 96001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northern Diagnostic Pathology Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 01 / 2022**
Transaction ID : SA11AI.61538
 Amount of Each Receipt this Period 250.00
 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: (check only one)	PAGE 14 OF 20
<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. Peditto, Stephanie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 Waukegan Road

City Northfield	State IL	Zip Code 60093
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2022

Transaction ID : SA11AI.61412

Amount of Each Receipt this Period
50.00

Memo Item

B. Peditto, Stephanie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 Waukegan Road

City Northfield	State IL	Zip Code 60093
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2022

Transaction ID : SA11AI.61484

Amount of Each Receipt this Period
50.00

Memo Item

C. Powers, Michelle, Leigh Ehrlich, Dr., MD,MBA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 21157

City Oklahoma City	State OK	Zip Code 73156-1157
-----------------------	-------------	------------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2022

Transaction ID : SA11AI.61418

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 15 OF 20
<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. Raslavicus, Paul, A, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 253 N Shore Rd
 City New Durham State NH Zip Code 03855-2124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pathways Consulting Group Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 09 / 2022
Transaction ID : SA11AI.61461
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Rezaei, M Katayoon, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1328 Titania Ln
 City McLean State VA Zip Code 22102-2751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Unaffiliated Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.61525
 Amount of Each Receipt this Period 50.00
 Memo Item

C. 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
 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 ▼ 1000.00

Date of Receipt 12 / 14 / 2022
Transaction ID : SA11AI.61474
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1550.00
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 20
<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. Simonetti, Anthony, John, Dr., MD,MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 960 Saint Matthews Rd
 City Chester Springs State PA Zip Code 19425-3304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emory University Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **11 / 29 / 2022**
Transaction ID : SA11AI.61404
 Amount of Each Receipt this Period 2000.00
 Memo Item

B. Uthman, Edward, O, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1705 Jackson St
 City Richmond State TX Zip Code 77469-3246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oakbend Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 14 / 2022**
Transaction ID : SA11AI.61471
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Valdes, C. 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 Laboratory LLC Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 438.30

Date of Receipt **12 / 31 / 2022**
Transaction ID : SA11AI.61516
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2350.00
TOTAL This Period (last page this line number only).....	18354.68

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Truist Bank

Mailing Address 214 N. Tryon St.

City Charlotte State NC Zip Code 28202

Purpose of Disbursement
Truist Bank American Express Fee

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
12 / 20 / 2022

FEC Identification Number

C
Transaction ID : SB21B.61390
Amount of Each Disbursement this Period
150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Truist Bank

Mailing Address 214 N. Tryon St.

City Charlotte State NC Zip Code 28202

Purpose of Disbursement
Truist Bank Dec-22 Chase Paymentech Fee

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
12 / 20 / 2022

FEC Identification Number

C
Transaction ID : SB21B.61391
Amount of Each Disbursement this Period
384.68

Memo Item

Full Name (Last, First, Middle Initial)

C. Truist Bank

Mailing Address 214 N. Tryon St.

City Charlotte State NC Zip Code 28202

Purpose of Disbursement
Truist Bank Bal Nov-22 Chase Paymentech Fee

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
12 / 20 / 2022

FEC Identification Number

C
Transaction ID : SB21B.61392
Amount of Each Disbursement this Period
59.83

Memo Item

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

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

594.51
594.51

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. ALAMO PAC

Full Name (Last, First, Middle Initial)

Mailing Address 1020 NORTH FAIRFAX STREET
SUITE 201

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2022
 Primary General
 Other (specify) OTHER

Date of Disbursement: 12 / 07 / 2022

FEC Identification Number: C00387464
Transaction ID : SB23.61395
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. CMR POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address 410 1ST STREET, SE
FLOOR 2

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2022
 Primary General
 Other (specify) OTHER

Date of Disbursement: 11 / 30 / 2022

FEC Identification Number: C00469429
Transaction ID : SB23.61393
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. DIRIGO PAC

Full Name (Last, First, Middle Initial)

Mailing Address 1020 NORTH FAIRFAX STREET
SUITE 201

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2022
 Primary General
 Other (specify) OTHER

Date of Disbursement: 12 / 07 / 2022

FEC Identification Number: C00391797
Transaction ID : SB23.61396
Amount of Each Disbursement this Period: 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOHN BARRASSO

Mailing Address 1020 NORTH FAIRFAX STREET
SUITE 201

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: WY District: 00

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2022

FEC Identification Number

C C00436386

Transaction ID : SB23.61397

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. GUTHRIE FOR CONGRESS

Mailing Address 814 CONSULTING
5827 COLFAX AVE

City ALEXANDRIA State VA Zip Code 22311

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify)

State: KY District: 02

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2022

FEC Identification Number

C C00445023

Transaction ID : SB23.61398

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LEADERSHIP AND ACCOUNTABILITY ARE NATIONAL KEYS PAC

Mailing Address 1111 19TH STREET, NW
SUITE 1100

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼ OTHER

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2022

FEC Identification Number

C C00492058

Transaction ID : SB23.61399

Amount of Each Disbursement this Period

2500.00

Memo Item

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

6000.00

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

