



**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<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2023"/>  |  | <input type="text" value="288924.88"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="318693.55"/> |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="32550.34"/>  | <input type="text" value="66846.36"/>  |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="351243.89"/> | <input type="text" value="355771.24"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="110122.58"/> | <input type="text" value="114649.93"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="241121.31"/> | <input type="text" value="241121.31"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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 Y Y  
03 / 01 / 2023 To: M M / D D / Y Y Y Y Y Y  
03 / 31 / 2023

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 26901.00                      | 55234.34                          |
| (ii) Unitemized .....   | 5649.34                       | 11612.02                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 32550.34                      | 66846.36                          |
| (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) .....  | 32550.34                      | 66846.36                          |
| 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)).....▶                         | 32550.34                      | 66846.36                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 32550.34                      | 66846.36                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 622.58                        | 1149.93                           |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 622.58                        | 1149.93                           |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 109500.00                     | 113500.00                         |
| 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)) ..      | 110122.58                     | 114649.93                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 110122.58                     | 114649.93                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 32550.34                              | 66846.36                                  |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 0.00                                      |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 32550.34                              | 66846.36                                  |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 622.58                                | 1149.93                                   |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 622.58                                | 1149.93                                   |

**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 32  |
| <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. Bedrnicek, Jiri, Biorn, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address The Pathology Ctr  
 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 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  
 03 / 29 / 2023  
**Transaction ID : SA11AI.61849**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Blight, Cathy, O, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2615 Circle Dr  
 City Flint State MI Zip Code 48507-1807  
 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  
 03 / 29 / 2023  
**Transaction ID : SA11AI.61850**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Bui, Marilyn, M., Dr., MD,PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12902 USF Magnolia Dr  
 City Tampa State FL Zip Code 33612-9416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) H Lee Moffitt Cancer Center Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1001.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2023  
**Transaction ID : SA11AI.61768**  
 Amount of Each Receipt this Period  
 1001.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2251.00 |
| <b>TOTAL</b> 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 32                 |
|   | <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. Cantrell, Brett, B., Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path  
 1 Shircliff Way  
 City Jacksonville State FL Zip Code 32204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St Vincent's Med Ctr Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt **03 / 24 / 2023**  
**Transaction ID : SA11AI.61826**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**B. Carr, Matthew, David, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 602 Michigan Ave  
 City Holland State MI Zip Code 49423-4918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Western Michigan Pathology Assoc PLLC Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt **03 / 15 / 2023**  
**Transaction ID : SA11AI.61784**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**C. Collum, Earle, S, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5005 S 40th St Ste 1200  
 City Phoenix State AZ Zip Code 85040-2969  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Laboratory Corporation of America Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt **03 / 24 / 2023**  
**Transaction ID : SA11AI.61827**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>1750.00</b> |
| <b>TOTAL</b> 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 32  |
| <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. 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 ▼ 300.00

Date of Receipt 03 / 02 / 2023  
**Transaction ID : SA11AI.61886**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Cresson Jr, David, H, Dr., MD**  
 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) Virginia Baptist Hosp Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 24 / 2023  
**Transaction ID : SA11AI.61828**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Dash, Raj, C., Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11420 Governors Dr  
 City Chapel Hill State NC Zip Code 27517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Duke University Health System Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 28 / 2023  
**Transaction ID : SA11AI.61884**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 700.00 |
| <b>TOTAL</b> 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 32                 |
|   | <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. Duong, Buu, , Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 540 Johnstone Dr

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Madison | State<br>MS | Zip Code<br>39110-7584 |
|-----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Unaffiliated | Occupation (for Individual)<br>Pathologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 24    | / | 2023        |

**Transaction ID : SA11AI.61829**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Eisen, Richard, N, Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5555 W Thunderbird Rd

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Glendale | State<br>AZ | Zip Code<br>85306-4622 |
|------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Banner Thunderbird Med Ctr | Occupation (for Individual)<br>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 |
| 03    | / | 20    | / | 2023        |

**Transaction ID : SA11AI.61794**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Fody, Edward, P, Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6574 Partridge Ln

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Holland | State<br>MI | Zip Code<br>49423-8965 |
|-----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Holland Hospital | Occupation (for Individual)<br>Pathologist |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 23    | / | 2023        |

**Transaction ID : SA11AI.61818**

Amount of Each Receipt this Period  
2500.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 3250.00 |
| <b>TOTAL</b> 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 32   |
| <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. Gang, David, , L., Dr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Department of Pathology  
759 Chestnut Street

City Springfield State MA Zip Code 01199

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 ▼ 1000.00

Date of Receipt 03 / 20 / 2023  
**Transaction ID : SA11AI.61795**

Amount of Each Receipt this Period 1000.00

Memo Item

**B. Gardner, Laura, Jane, Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 417 Edgar Rd

City Saint Louis State MO Zip Code 63119-4237

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

Name of Employer (for Individual) St Anthony's Med Ctr Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 15 / 2023  
**Transaction ID : SA11AI.61785**

Amount of Each Receipt this Period 500.00

Memo Item

**C. Gochman, Gary, A, Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16452 Sundancer Ln

City Huntington Beach State CA Zip Code 92649-2532

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

Name of Employer (for Individual) Kaiser Foundation Hosp Downey Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2023  
**Transaction ID : SA11AI.61762**

Amount of Each Receipt this Period 250.00

Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 11 OF 32                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
|   | <input type="checkbox"/> 12  | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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

**A. Goldfischer, Michael, Jean, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Path Dept  
 30 Prospect Ave

City Hackensack State NJ Zip Code 07601-1914

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 03 / 29 / 2023  
**Transaction ID : SA11AI.61852**

Amount of Each Receipt this Period  
 500.00

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

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 ▼  
 300.00

Date of Receipt  
 03 / 09 / 2023  
**Transaction ID : SA11AI.61769**

Amount of Each Receipt this Period  
 100.00

Memo Item

**C. Hammock, Lauren, A, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 72059

City Eugene State OR Zip Code 97401-0285

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

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

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 03 / 24 / 2023  
**Transaction ID : SA11AI.61833**

Amount of Each Receipt this Period  
 2500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3100.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

|   |                              |
|---|------------------------------|
| FOR LINE NUMBER:                        | PAGE 12 OF 32                |
| (check only one)                        |                              |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
| <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
| <input type="checkbox"/> 17             |                              |

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

**A. Howard, Lydia, H, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7721 Beachview Dr  
 City North Bay Village State FL Zip Code 33141-4009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mt Sinai Medical Center Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 06 / 2023  
**Transaction ID : SA11AI.61766**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Juengel, Randal, Carl, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept Of Pathology 4401 S Western Ave  
 City Oklahoma City State OK Zip Code 73109-3413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Integris Southwest Medical Center Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 22 / 2023  
**Transaction ID : SA11AI.61812**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Karon, Bradley, S., Dr., MD,PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path 200 First St SW  
 City Rochester State MN Zip Code 55905-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 11 / 2023  
**Transaction ID : SA11AI.61777**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2500.00 |
| <b>TOTAL</b> 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 32   |
| <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. Kenyon, Lawrence, C., Dr., MD,PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 132 S 10th St  
 City Philadelphia State PA Zip Code 19107-5244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Thomas Jefferson University Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 24 / 2023  
**Transaction ID : SA11AI.61834**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Kressin, Megan, Kielt, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5600 Shoalwood Ave  
 City Austin State TX Zip Code 78756-1624  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Clinical Pathology Associates Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 21 / 2023  
**Transaction ID : SA11AI.61800**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Le, Mary, D, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2923 W Academy Ave  
 City Anaheim State CA Zip Code 92804-2038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LA County/Harbor UCLA Med Ctr Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 03 / 21 / 2023  
**Transaction ID : SA11AI.61801**  
 Amount of Each Receipt this Period 600.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1350.00 |
| <b>TOTAL</b> 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 32 |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 11b<br><input type="checkbox"/> 11c<br><input type="checkbox"/> 12<br><input type="checkbox"/> 13<br><input type="checkbox"/> 14<br><input type="checkbox"/> 15<br><input type="checkbox"/> 16<br><input type="checkbox"/> 17 |               |

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

**A. Loo, Eric, Y, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Medical Center Dr  
 City Lebanon State NH Zip Code 03756-1000  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Dartmouth-Hitchcock Medical Center Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 03 / 23 / 2023  
**Transaction ID : SA11AI.61821**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

**B. 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 03 / 20 / 2023  
**Transaction ID : SA11AI.61796**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. McCarthy, Paul, J., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Department of Pathology 400 W. 16th St.  
 City Pueblo State CO Zip Code 81003  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Parkview Med Ctr Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 24 / 2023  
**Transaction ID : SA11AI.61835**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2750.00 |
| <b>TOTAL</b> 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 32   |
| <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. Melin, Bruce, Daniel, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Path  
401 E Spruce St

City Garden City State KS Zip Code 67846-5679

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

Name of Employer (for Individual) St. Catherine Hosp Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
03 / 30 / 2023  
**Transaction ID : SA11AI.61869**

Amount of Each Receipt this Period  
300.00

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  
03 / 24 / 2023  
**Transaction ID : SA11AI.61837**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C. Myers, Stephen, R, ,**  
 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 ▼ 1000.00

Date of Receipt  
03 / 30 / 2023  
**Transaction ID : SA11AI.61887**

Amount of Each Receipt this Period  
1000.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 3800.00 |
| <b>TOTAL</b> 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 32                |
|   | <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. Nawgiri, Ranjana, Surendra, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 301 University Blvd  
 City Galveston State TX Zip Code 77555  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Texas Medical Branch Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 28 / 2023  
**Transaction ID : SA11AI.61846**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Olsen, Stephen, P, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2131 S 17th St  
 City Wilmington State NC Zip Code 28401-7407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Hanover Regional Medical Center Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 29 / 2023  
**Transaction ID : SA11AI.61857**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Pansare, Vaishali, M, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 468 Cadieux Rd  
 City Grosse Pointe State MI Zip Code 48230-1507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Beaumont Hospital Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 24 / 2023  
**Transaction ID : SA11AI.61838**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00 |
| <b>TOTAL</b> 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 32 |
|   | <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. Pool, Mark, D, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Jelke Bldg Rm 262  
 1653 W Congress Pkwy  
 City Chicago State IL Zip Code 60612-3833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rush University Medical Center Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 22 / 2023  
**Transaction ID : SA11AI.61814**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Rushton, Jennifer, Robbin, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3445 Executive Center Dr Ste 250  
 City Austin State TX Zip Code 78731-1678  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Clinical Pathology Associates Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 24 / 2023  
**Transaction ID : SA11AI.61839**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Sagatys, Elizabeth, Mary, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15401 Fenton PL  
 City Tampa State FL Zip Code 33647-1151  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Moffitt Cancer Center Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 20 / 2023  
**Transaction ID : SA11AI.61797**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1300.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 18 OF 32                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
|   | <input type="checkbox"/> 12  | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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

**A. 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 ▼ 300.00

Date of Receipt 03 / 28 / 2023  
**Transaction ID : SA11AI.61879**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Velankar, Milind, Madhukar, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2243 Hillsboro Lane  
 City Naperville State IL Zip Code 60564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Loyola Univ Med Ctr Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 29 / 2023  
**Transaction ID : SA11AI.61861**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Wheeler, Thomas, M, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4915 Elm St  
 City Bellaire State TX Zip Code 77401-2810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Baylor College of Medicine Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 21 / 2023  
**Transaction ID : SA11AI.61809**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 850.00 |
| <b>TOTAL</b> 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 19 OF 32                |
|   | (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. Windisch, Lola, Bennett, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4608 21st St  
 City Lubbock State TX Zip Code 79407-2312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ameripath Lubbock CMC Campus Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2023  
**Transaction ID : SA11AI.61842**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Wright, John, Andrew, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1001 S George St  
 City York State PA Zip Code 17403-3676  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) York Hospital Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2023  
**Transaction ID : SA11AI.61872**  
 Amount of Each Receipt this Period  
 300.00  
 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

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 800.00   |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 26901.00 |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Truist Bank**

Mailing Address 214 N. Tryon St.

City  
Charlotte

State  
NC

Zip Code  
28202

Purpose of Disbursement  
Mar-31-23 Chase Paymentech Fee

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 1 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

**Transaction ID : SB21B.61714**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 6 | 2 | 2 | . | 5 | 8 |
|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

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

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

FEC Identification Number

C

Amount of Each Disbursement this Period

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | 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)..... ▶

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 6 | 2 | 2 | . | 5 | 8 |
|---|---|---|---|---|---|

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 6 | 2 | 2 | . | 5 | 8 |
|---|---|---|---|---|---|

# 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. ARMSTRONG FOR CONGRESS

Mailing Address 439 NEW JERSEY AVE, 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: ND District: 00

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2023

FEC Identification Number

C00670547

Transaction ID : SB23.61717

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. BERA FOR CONGRESS

Mailing Address 600 PENNSYLVANIA AVE, SE  
SUITE 410

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: CA District: 06

Date of Disbursement

MM / DD / YYYY  
03 / 15 / 2023

FEC Identification Number

C00461061

Transaction ID : SB23.61740

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. BERA FOR CONGRESS

Mailing Address 600 PENNSYLVANIA AVE, SE  
SUITE 410

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: CA District: 06

Date of Disbursement

MM / DD / YYYY  
03 / 28 / 2023

FEC Identification Number

C00461061

Transaction ID : SB23.61759

Amount of Each Disbursement this Period

1500.00

Memo Item

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

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

5000.00

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input 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. BLAKE MOORE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 3213 DUKE STREET  
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: UT District: 01

Date of Disbursement: 03 / 01 / 2023

FEC Identification Number: C00738872  
**Transaction ID : SB23.61718**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. BOOTS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

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) OTHER

State: District:

Date of Disbursement: 03 / 15 / 2023

FEC Identification Number: C00567545  
**Transaction ID : SB23.61741**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. BRIAN FITZPATRICK FOR ALL OF US**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 15239  
RED RIVER COMPANY

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: PA District: 01

Date of Disbursement: 03 / 01 / 2023

FEC Identification Number: C00607416  
**Transaction ID : SB23.61720**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3000.00

**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. BRIAN HIGGINS FOR CONGRESS**

Mailing Address 415 New Jersey Ave., SE  
Unit 1

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: NY District: 26

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 1 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C** C00401034

**Transaction ID : SB23.61722**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |   |   |

Memo Item

Full Name (Last, First, Middle Initial)

**B. BUCSHON FOR CONGRESS**

Mailing Address 220 W. WINDSOR AVENUE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼  
State: IN District: 08

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 1 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C** C00468256

**Transaction ID : SB23.61723**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |   |   |

Memo Item

Full Name (Last, First, Middle Initial)

**C. CARAVEO FOR CONGRESS**

Mailing Address 6129 LONG MEADOW ROAD

City McLEAN State VA Zip Code 22101

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼  
State: CO District: 08

Date of Disbursement

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

FEC Identification Number

**C** C00787788

**Transaction ID : SB23.61742**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |   |   |

Memo Item

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

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

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |   |   |

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |   |   |

**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. CASTOR FOR CONGRESS**

Mailing Address 301 W PLATT STREET, #385

City  
TAMPA

State  
FL

Zip Code  
33606

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: FL District: 14

Date of Disbursement

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

FEC Identification Number

**C** C00410761

**Transaction ID : SB23.61743**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CATHY MCMORRIS RODGERS FOR CONGRESS**

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

Disbursement For: 2024  
 Primary  General  
 Other (specify)

State: WA District: 05

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 1 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

**C** C00390476

**Transaction ID : SB23.61724**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CHC BOLD PAC**

Mailing Address ATTN:STRATHEDEE GRP  
PO BOX 15096

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: District: OTHER

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 1 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

**C** C00365536

**Transaction ID : SB23.61725**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

8500.00

**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**

**A. CLARKE FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 33079

City WASHINGTON State DC Zip Code 20033

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: NY District: 09

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 03 / 15 / 2023

FEC Identification Number: C00415331  
**Transaction ID : SB23.61744**  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. DR. RAUL RUIZ FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 15096

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: CA District: 25

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 03 / 01 / 2023

FEC Identification Number: C00502575  
**Transaction ID : SB23.61727**  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. DREW FERGUSON FOR CONGRESS INC.**

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: GA District: 03

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 03 / 01 / 2023

FEC Identification Number: C00607838  
**Transaction ID : SB23.61728**  
Amount of Each Disbursement this Period: 1500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 9000.00

**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**

**A. DR JOHN JOYCE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 5827 COLFAX  
C/O 814 CONSULTING

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 01    |   | 2023      |

City ALEXANDRIA State VA Zip Code 22311

FEC Identification Number

Purpose of Disbursement

|   |           |
|---|-----------|
| C | C00674259 |
|---|-----------|

Candidate Name

**Transaction ID : SB23.61726**

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

|         |
|---------|
| 1000.00 |
|---------|

State: PA District: 13

Memo Item

**B. DSCC**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 120 MARYLAND AVENUE NE

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 01    |   | 2023      |

City WASHINGTON State DC Zip Code 20002

FEC Identification Number

Purpose of Disbursement

|   |           |
|---|-----------|
| C | C00391706 |
|---|-----------|

Candidate Name

**Transaction ID : SB23.61729**

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) OTHER

|          |
|----------|
| 15000.00 |
|----------|

State: District:

Memo Item

**C. EMMER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 5827 COLFAX AVENUE

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 15    |   | 2023      |

City ALEXANDRIA State VA Zip Code 22311

FEC Identification Number

Purpose of Disbursement

|   |           |
|---|-----------|
| C | C00545749 |
|---|-----------|

Candidate Name

**Transaction ID : SB23.61745**

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

|         |
|---------|
| 1500.00 |
|---------|

State: MN District: 06

Memo Item

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

|          |
|----------|
| 17500.00 |
|----------|

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

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
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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 DAN KILDEE**

Mailing Address 412 FIRST STREET, SE  
SUITE

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: MI District: 08

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 1 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

**C** C00499947

**Transaction ID : SB23.61731**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF MCCORMICK**

Mailing Address PO BOX 134  
ATTN:C MACHADO

City  
SUWANEE

State  
GA

Zip Code  
30024

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify)

State: GA District: 06

Date of Disbursement

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

FEC Identification Number

**C** C00706747

**Transaction ID : SB23.61747**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. HEARTLAND VALUES PAC**

Mailing Address P.O. BOX 505

City  
SIOUX FALLS

State  
SD

Zip Code  
57101

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: District: OTHER

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 1 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

**C** C00409003

**Transaction ID : SB23.61733**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

12500.00

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input 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. HOOPS PAC**

Full Name (Last, First, Middle Initial)

Mailing Address 4 I STREET SE, #715

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) OTHER

State: District:

Date of Disbursement: 03 / 01 / 2023

FEC Identification Number: C00392738  
**Transaction ID : SB23.61734**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. HUDSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 220 W. WINDSOR AVENUE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify)

State: NC District: 09

Date of Disbursement: 03 / 15 / 2023

FEC Identification Number: C00504522  
**Transaction ID : SB23.61748**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. JIMMY GOMEZ FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 114 LEXINGTON DRIVE

City SILVER SPRING State MD Zip Code 20901

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify)

State: CA District: 34

Date of Disbursement: 03 / 15 / 2023

FEC Identification Number: C00629659  
**Transaction ID : SB23.61749**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3000.00

**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. MIKE KELLY FOR CONGRESS

Mailing Address 5827 COLFAX AVENUE  
C/O 814 CONSULTING

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: PA District: 16

Date of Disbursement

MM / DD / YYYY  
03 / 15 / 2023

FEC Identification Number

C C00474189

Transaction ID : SB23.61752

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. MILLER-MEEKS FOR CONGRESS

Mailing Address 2200 W. WINDSOR AVENUE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify)  
State: IA District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2023

FEC Identification Number

C C00558825

Transaction ID : SB23.61735

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. NRCC

Mailing Address 320 FIRST STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2023

FEC Identification Number

C

Transaction ID : SB23.61736

Amount of Each Disbursement this Period

15000.00

Memo Item

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

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

21000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input 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. PEOPLE FOR PATTY MURRAY

Mailing Address 1520 BELL VIEW BLVD, #510

City  
ALEXANDRIA

State  
VA

Zip Code  
22307

Purpose of Disbursement

Candidate Name

Office Sought:

|                                     |           |
|-------------------------------------|-----------|
| <input type="checkbox"/>            | House     |
| <input checked="" type="checkbox"/> | Senate    |
| <input type="checkbox"/>            | President |

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State: WA District: 00

Date of Disbursement

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

FEC Identification Number

**C** C00257642

**Transaction ID : SB23.61753**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. REBULICAN GOVERNANCE GRP/TUESDAY GROUP PAC

Mailing Address 124 16TH STREET, SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2024

|                                     |                       |                          |         |
|-------------------------------------|-----------------------|--------------------------|---------|
| <input type="checkbox"/>            | Primary               | <input type="checkbox"/> | General |
| <input checked="" type="checkbox"/> | Other (specify) OTHER |                          |         |

State: District: OTHER

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 1 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

**C** C00433060

**Transaction ID : SB23.61737**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. RON ESTES FOR CONGRESS

Mailing Address 220 W. WINDSOR AVENUE

City  
ALEXANDRIA

State  
VA

Zip Code  
22301

Purpose of Disbursement

Candidate Name

Office Sought:

|                                     |           |
|-------------------------------------|-----------|
| <input checked="" type="checkbox"/> | House     |
| <input type="checkbox"/>            | Senate    |
| <input type="checkbox"/>            | President |

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State: KS District: 04

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 1 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

**C** C00632067

**Transaction ID : SB23.61738**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

12500.00

**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**

**A. TEAM MARSHALL II**

Full Name (Last, First, Middle Initial)

Mailing Address 401 1ST STREET, SE  
FLOOR 2

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

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

State: KS District:

Date of Disbursement: 03 / 15 / 2023

FEC Identification Number: C00755074  
Transaction ID : SB23.61756  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. TONY CARDENAS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 15096

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: CA District: 29

Date of Disbursement: 03 / 01 / 2023

FEC Identification Number: C00498873  
Transaction ID : SB23.61739  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. WENSTRUP FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 2308 MOUNT VERNON AVE  
SUITE 707

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement

Candidate Name

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

State: OH District: 02

Date of Disbursement: 03 / 15 / 2023

FEC Identification Number: C00497818  
Transaction ID : SB23.61758  
Amount of Each Disbursement this Period: 1000.00

Memo Item

|   |           |
|---|-----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 7000.00   |
| <b>TOTAL</b> This Period (last page this line number only)..... | 109500.00 |