

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
College of American Pathologists Political Action Committee

ADDRESS (number and street) 1001 G Street NW
Suite 425 West
Washington DC 20001
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00274944 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on MM/DD/YYYY in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11/08/2022 in the State of IL

5. Covering Period MM/DD/YYYY through MM/DD/YYYY
10/20/2022 through 11/28/2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Kozel, Jessica, A, Dr, MD
Type or Print Name of Treasurer

Signature of Treasurer *Kozel, Jessica, A, Dr, MD* [Electronically Filed] Date 12/01/2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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="296214.57"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="6520.67"/>	<input type="text" value="158508.65"/>
(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="302735.24"/>	<input type="text" value="478917.41"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="20907.53"/>	<input type="text" value="197089.70"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="281827.71"/>	<input type="text" value="281827.71"/>
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)

Page 3

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 20 / 2022 To: M M / D D / Y Y Y Y Y 11 / 28 / 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).....	4666.67	135183.41
(ii) Unitemized	1854.00	23325.24
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6520.67	158508.65
(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)	6520.67	158508.65
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)).....▶	6520.67	158508.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6520.67	158508.65

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	407.53	3089.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	407.53	3089.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20500.00	194000.00
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)) ..	20907.53	197089.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20907.53	197089.70

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)	6520.67	158508.65
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6520.67	158508.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	407.53	3089.70
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	407.53	3089.70

**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 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Anthony, Lauren, Lintelman, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2800 10th Ave S Ste 2000
 City Minneapolis State MN Zip Code 55407-1311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allina Med Labs Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 29 / 2022
Transaction ID : SA11AI.61353
 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 ▼ 400.00

Date of Receipt 11 / 07 / 2022
Transaction ID : SA11AI.61387
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Durden, Angela, Fay, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2900 12th Ave N Ste 295W
 City Billings State MT Zip Code 59101-7504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yellowstone Pathology Institute Inc Bi Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2916.69

Date of Receipt 10 / 24 / 2022
Transaction ID : SA11AI.61375
 Amount of Each Receipt this Period 416.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1016.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 13
<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. Gomez, Richard, R., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Department of Pathology
1700 SW 7th St

City Topeka State KS Zip Code 66606-1690

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

Name of Employer (for Individual) St. Francis Hosp & Med Ctr Occupation (for Individual) Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 05 / 2022
Transaction ID : SA11AI.61369

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 ▼ 700.00

Date of Receipt 10 / 21 / 2022
Transaction ID : SA11AI.61342

Amount of Each Receipt this Period 100.00

Memo Item

C. Himmelfarb, Eric, Andrew, 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) Pathology Consul of Ctr VA Inc Occupation (for Individual) Pathologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 25 / 2022
Transaction ID : SA11AI.61345

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
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 13
	(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

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. Kasimian, Dennis, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20540 Germain St
 City Chatsworth State CA Zip Code 91311-2417
 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 ▼ 500.00

Date of Receipt 10 / 31 / 2022
Transaction ID : SA11AI.61358
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Martin, Alvin, W., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Cpa Laboratory 2307 Greene Way
 City Louisville State KY Zip Code 40220-4009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Norton Healthcare Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 11 / 01 / 2022
Transaction ID : SA11AI.61364
 Amount of Each Receipt this Period 1500.00
 Memo Item

C. 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 ▼ 550.00

Date of Receipt 10 / 21 / 2022
Transaction ID : SA11AI.61343
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2050.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Pritt, Bobbi, S, Dr., MD,MS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 1st St SW
 City Rochester State MN Zip Code 55902
 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 ▼ 500.00

Date of Receipt 10 / 21 / 2022
Transaction ID : SA11AI.61340
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Welsh, Terry, , M., Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 831 Darrell St
 City Costa Mesa State CA Zip Code 92627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Long Beach Memorial Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 24 / 2022
Transaction ID : SA11AI.61388
 Amount of Each Receipt this Period 250.00
 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
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	4666.67

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

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

FOR LINE NUMBER:
(check only one)

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

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

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
Oct-22 Remaining Chase Paymentech Fee

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.61325
Amount of Each Disbursement this Period

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
American Express Fee Ded at Truist Bank

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.61326
Amount of Each Disbursement this Period

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
Chase Paymentech Fee deducted at Truist bank

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.61327
Amount of Each Disbursement this Period

Memo Item

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

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

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. BERA FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 910 17TH STREET, NW
SUITE 925

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement

Candidate Name

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

State: CA District: 07

Date of Disbursement: 11 / 09 / 2022

FEC Identification Number: C00461061
Transaction ID : SB23.61334
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. CONTINUING AMERICA'S STRENGTH AND SECURITY PAC

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: 2022 Primary General Other (specify) OTHER

State: District:

Date of Disbursement: 10 / 20 / 2022

FEC Identification Number: C00480228
Transaction ID : SB23.61328
Amount of Each Disbursement this Period: 4000.00

Memo Item

C. GRASSLEY COMMITTEE, INC.

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
Disbursement For: 2022 Primary General Other (specify) ▼

State: IA District: 00

Date of Disbursement: 11 / 16 / 2022

FEC Identification Number: C00230482
Transaction ID : SB23.61336
Amount of Each Disbursement this Period: 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7500.00

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

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. JIMMY GOMEZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 114 LEXINGTON DRIVE

M M M	/	D D D	/	Y Y Y Y Y
10		20		2022

City SILVER SPRING State MD Zip Code 20901

FEC Identification Number

Purpose of Disbursement

C C00629659

Candidate Name

Category/Type

Transaction ID : SB23.61330

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: 2022
 Primary General Other (specify) ▼

1000.00

State: CA District: 34

Memo Item

B. LAHOOD 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
11		09		2022

City ALEXANDRIA State VA Zip Code 22311

FEC Identification Number

Purpose of Disbursement

C C00575050

Candidate Name

Category/Type

Transaction ID : SB23.61335

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: 2022
 Primary General Other (specify) ▼

2000.00

State: IL District: 18

Memo Item

C. MAD 4 PA PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 444

M M M	/	D D D	/	Y Y Y Y Y
10		20		2022

City GLENSIDE State PA Zip Code 19038

FEC Identification Number

Purpose of Disbursement

C C00670844

Candidate Name

Category/Type

Transaction ID : SB23.61331

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: 2022
 Primary General Other (specify) ▼

2500.00

State: District:

Memo Item

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

5500.00

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

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. MOONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 1863

City MARTINSBURG State WV Zip Code 25402

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
State: WV District: 02

Disbursement For: 2022
 Primary General Other (specify) ▼

Date of Disbursement: 11 / 02 / 2022

FEC Identification Number: C00506774
Transaction ID : SB23.61333
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. SAC PAC

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 83142

City GAITHERSBURG State MD Zip Code 20883

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2022
 Primary General Other (specify) OTHER

Date of Disbursement: 11 / 16 / 2022

FEC Identification Number: C00165548
Transaction ID : SB23.61337
Amount of Each Disbursement this Period: 5000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C
Amount of Each Disbursement this Period:
 Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	7500.00
TOTAL This Period (last page this line number only).....▶	20500.00