

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 [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 06 / 01 / 2023 through [MM] / [DD] / [YYYY] 06 / 30 / 2023

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 [MM] / [DD] / [YYYY] 07 / 20 / 2023

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="2023"/>	<input type="text" value="288924.88"/>	<input type="text" value="288924.88"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="248695.61"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5931.00"/>	<input type="text" value="121482.70"/>
(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="254626.61"/>	<input type="text" value="410407.58"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="32149.96"/>	<input type="text" value="187930.93"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="222476.65"/>	<input type="text" value="222476.65"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

College of American Pathologists Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5850.00	105742.68
(ii) Unitemized	81.00	15740.02
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5931.00	121482.70
(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)	5931.00	121482.70
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)).....▶	5931.00	121482.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5931.00	121482.70

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	149.96	1930.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	149.96	1930.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32000.00	186000.00
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)) ..	32149.96	187930.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32149.96	187930.93

DETAILED SUMMARY PAGE
of Disbursements

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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)	5931.00	121482.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5931.00	121482.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	149.96	1930.93
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	149.96	1930.93

**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 15
<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. Atkinson, Janis, M, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Path
 355 Ridge Ave
 City Evanston State IL Zip Code 60202-3328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Presence St Francis Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 06 / 2023
Transaction ID : SA11AI.62093
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Bryce, Clare, Helen, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 170 E 94th St Apt 2g
 City New York State NY Zip Code 10128-2559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Edinburgh Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2023
Transaction ID : SA11AI.62108
 Amount of Each Receipt this Period 50.00
 Memo Item

C. 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 ▼ 600.00

Date of Receipt 06 / 05 / 2023
Transaction ID : SA11AI.62111
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Gistrak, Michael, A, Dr., MD		Date of Receipt MM / DD / YYYY 06 / 12 / 2023 Transaction ID : SA11AI.62096
Mailing Address Dept of Path 865 Stone St		Amount of Each Receipt this Period 2500.00
City Rahway	State NJ	Zip Code 07065-2742
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) R Wood Johnson Univ Hosp	Occupation (for Individual) Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gupta, Chakshu, , Dr., MD		Date of Receipt MM / DD / YYYY 06 / 14 / 2023 Transaction ID : SA11AI.62103
Mailing Address 3407 N Pointe Dr		Amount of Each Receipt this Period 100.00
City St Joseph	State MO	Zip Code 64506
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Liberty Hospital	Occupation (for Individual) Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Peditto, Stephanie, , ,		Date of Receipt MM / DD / YYYY 06 / 14 / 2023 Transaction ID : SA11AI.62104
Mailing Address 325 Waukegan Road		Amount of Each Receipt this Period 50.00
City Northfield	State IL	Zip Code 60093
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) College of American Pathologis	Occupation (for Individual) Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	2650.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
<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. Penka, Wayne, E, Dr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Path
 7500 Mercy Rd
 City Omaha State NE Zip Code 68124-2319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alegent Mercy Hosp Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 27 / 2023
Transaction ID : SA11AI.62106
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Powell, Suzanne, Zein-Eldin, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5305 Southampton EST
 City Houston State TX Zip Code 77005-1778
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Houston Methodist Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 27 / 2023
Transaction ID : SA11AI.62107
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Smith Jr, Elton, Travis, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4301 Carmel Rd
 City Charlotte State NC Zip Code 28226-7249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carolinas Medical Center Mercy Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 12 / 2023
Transaction ID : SA11AI.62097
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 15
<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. Stachurski, Dariusz, R, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Path Dept Hazard Bldg 3rd Flr
 11 Friendship St
 City Newport State RI Zip Code 02840-2209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Newport Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 06 / 2023
Transaction ID : SA11AI.62095
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Van Meter, Stuart, E, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address LabCorp Knoxville
 Dept of Path Box U-108, 1924 Alcoa
 City Knoxville State TN Zip Code 37920-1511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Tennessee Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 13 / 2023
Transaction ID : SA11AI.62100
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Zimmerman, Michelle, K, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 350 W 11th St Ste 5046
 City Indianapolis State IN Zip Code 46202-4108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Indiana University School of Medicine Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 30 / 2023
Transaction ID : SA11AI.62110
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	5850.00

**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
Jun-23 American Express Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2023

FEC Identification Number

C
Transaction ID : SB21B.62066
Amount of Each Disbursement this Period
11.22

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
Jun-23 Chase Paymentech CC Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2023

FEC Identification Number

C
Transaction ID : SB21B.62067
Amount of Each Disbursement this Period
138.74

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C
Amount of Each Disbursement this Period

Memo Item

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

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

149.96
149.96

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. ANNA ESHOO FOR CONGRESS

Mailing Address P.O. BOX 636

City
ANNANDALE

State
VA

Zip Code
22003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: CA District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	7		2	0	2	3		

FEC Identification Number

C00258475

Transaction ID : SB23.62068

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. 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	6		2	8		2	0	2	3		

FEC Identification Number

C00401034

Transaction ID : SB23.62074

Amount of Each Disbursement this Period

1000.00

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	6		2	8		2	0	2	3		

FEC Identification Number

C00787788

Transaction ID : SB23.62075

Amount of Each Disbursement this Period

2500.00

Memo Item

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

6000.00

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

**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. CONGRESSIONAL BLACK CAUCUS PAC

Mailing Address 1100 NEW JERSEY AVE SE
#2410

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2023
 Primary General
 Other (specify) **OTHER**

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 07 / 2023

FEC Identification Number

C C00147512

Transaction ID : SB23.62069

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CONTINUING AMERICA'S STRENGTH AND SECURITY PAC

Mailing Address 1006 PENDLETON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2023
 Primary General
 Other (specify) **OTHER**

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2023

FEC Identification Number

C C00480228

Transaction ID : SB23.62076

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DIANA 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) **OTHER**

State: TN District: 01

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2023

FEC Identification Number

C C00741090

Transaction ID : SB23.62077

Amount of Each Disbursement this Period

1000.00

Memo Item

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

7000.00

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. DON BACON FOR CONGRESS

Mailing Address 1200 TRINITY DRIVE

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: NE District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			07			2023			

FEC Identification Number

C C00575167

Transaction ID : SB23.62071

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FEENSTRA FOR CONGRESS

Mailing Address 5827 COLFAX AVENUE

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: IA District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			28			2023			

FEC Identification Number

C C00693663

Transaction ID : SB23.62079

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KAINÉ VICTORY FUND

Mailing Address 1490-5A QUARTERPATH RD #272

City
WILLIAMSBURG

State
VA

Zip Code
23185

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2023
 Primary General
 Other (specify) ▼ OTHER

State: VA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			28			2023			

FEC Identification Number

C C00833350

Transaction ID : SB23.62083

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

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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
<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. MATSUI FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 83142

City GAITHERSBURG State MD Zip Code 20883

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: CA District: 06

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement: 06 / 28 / 2023

FEC Identification Number: C00409219
Transaction ID : SB23.62085
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. MORAN VICTORY COMMITTEE

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
State: KS District:

Disbursement For: 2023
 Primary General
 Other (specify) OTHER

Date of Disbursement: 06 / 28 / 2023

FEC Identification Number: C00616268
Transaction ID : SB23.62086
Amount of Each Disbursement this Period: 5000.00

Memo Item

C. NRCC

Full Name (Last, First, Middle Initial)
Mailing Address 320 FIRST STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2023
 Primary General
 Other (specify) OTHER

Date of Disbursement: 06 / 07 / 2023

FEC Identification Number: C
Transaction ID : SB23.62073
Amount of Each Disbursement this Period: 5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 11000.00

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. OHIO GRASSROOTS VICTORY FUND

Mailing Address 323 7TH STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2023
 Primary General
 Other (specify) **OTHER**

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2023

FEC Identification Number

C C00578609

Transaction ID : SB23.62087

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PASCRELL FOR CONGRESS

Mailing Address 38 IVY STREET, 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: NJ District: 09

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2023

FEC Identification Number

C C00313510

Transaction ID : SB23.62089

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

3000.00

32000.00