

# 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**  
 Check if different than previously reported. (ACC) **Washington DC 20001**

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  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period   /   /    through   /   /

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

Signature of Treasurer *Konnick, Eric, , Dr., MD,MS* [Electronically Filed] Date   /   /

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="2020"/>		395573.09
(b) Cash on Hand at Beginning of Reporting Period.....	391919.04	
(c) Total Receipts (from Line 19) .....	12790.00	117054.30
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	404709.04	512627.39
7. Total Disbursements (from Line 31).....	49623.72	157542.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	355085.32	355085.32
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9600.00	99590.00
(ii) Unitemized .....	3190.00	17464.30
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12790.00	117054.30
(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) .....	12790.00	117054.30
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)).....▶	12790.00	117054.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	12790.00	117054.30

**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 .....	123.72	1042.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	123.72	1042.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	49500.00	156500.00
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)) ..	49623.72	157542.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49623.72	157542.07

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	12790.00	117054.30
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12790.00	117054.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	123.72	1042.07
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	123.72	1042.07

**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 26
<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. Cardona, Diana, Marcella, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1144 Pebble Creek Xing  
 City Durham State NC Zip Code 27713-8959  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Duke University Medical Center Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 22 / 2020  
**Transaction ID : SA11AI.58740**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. Conway, Earl, Joseph, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 324 Vinings Walk NW  
 City Gainesville State GA Zip Code 30501-2924  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northeast Georgia Med Ctr Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 19 / 2020  
**Transaction ID : SA11AI.58716**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Davey, Diane, Davis, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9885 Leland Dr  
 City Orlando State FL Zip Code 32827-5745  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UCF College of Medicine Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 28 / 2020  
**Transaction ID : SA11AI.58753**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	625.00
<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 26
<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. Dean Jr, William, Hope, Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 196 North St

City Geneva	State NY	Zip Code 14456-1694
----------------	-------------	------------------------

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

Name of Employer (for Individual) Geneva General 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
08		19		2020

**Transaction ID : SA11AI.58733**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Edgerton, Neil, H, Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2675 Oak Park TRL

City Decatur	State GA	Zip Code 30033-2217
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rockdale Medical Center	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
08		19		2020

**Transaction ID : SA11AI.58723**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Fowkes, Mary, Elizabeth, Dr., MD, PhD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 Elm Rd

City Katonah	State NY	Zip Code 10536-1308
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mount Sinai Medical Center	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
08		10		2020

**Transaction ID : SA11AI.58703**

Amount of Each Receipt this Period  
200.00

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 8 OF 26
<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. Frazier Jr, Robert, Anthony, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 733 Boush St Ste 200  
 City Norfolk State VA Zip Code 23510-1501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dominion Pathology Laboratories Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **08 / 13 / 2020**  
**Transaction ID : SA11AI.58708**  
 Amount of Each Receipt this Period 2500.00  
 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 ▼ 250.00

Date of Receipt **08 / 13 / 2020**  
**Transaction ID : SA11AI.58707**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Gupta, Chakshu, , Dr., MD, MBA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3408 Stanford CT  
 City Saint Joseph State MO Zip Code 64506-4580  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MAWD Pathology Group PA Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **08 / 10 / 2020**  
**Transaction ID : SA11AI.58700**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2850.00
<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 26
	<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. Hansen, Andrew, Thomas, Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 516 E 11125 S

City Sandy	State UT	Zip Code 84070-5372
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Jordan Valley Med Ctr Lab	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
08		15		2020

**Transaction ID : SA11AI.58709**

Amount of Each Receipt this Period  
125.00

Memo Item

**B. Hickey, William, F., Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Path/Borwell Bldg  
1 Medical Center Dr

City Lebanon	State NH	Zip Code 03756-1000
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Dartmouth Med School	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
08		19		2020

**Transaction ID : SA11AI.58734**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Kasimian, Dennis, , Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15107 Vanowen St

City Van Nuys	State CA	Zip Code 91405-4542
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Valley Presbyterian Hospital	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
08		20		2020

**Transaction ID : SA11AI.58737**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1375.00
<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 26
<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. League, Aimee, A, Dr, MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2904 Westcorp Blvd SW Ste 108  
 City Huntsville State AL Zip Code 35805-6437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pathology Associates PC 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  
 08 / 26 / 2020  
**Transaction ID : SA11AI.58748**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. McCarthy, Denis, M, 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 26 / 2020  
**Transaction ID : SA11AI.58750**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Mervak, Timothy, R, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path 16001 W 9 Mile Rd  
 City Southfield State MI Zip Code 48075-4818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Maine Medical Center-Bramhall Campus Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 26 / 2020  
**Transaction ID : SA11AI.58752**  
 Amount of Each Receipt this Period  
 300.00  
 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: (check only one)	PAGE 11 OF 26
<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. Moad, John, C, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2534 Millville Shandon Rd  
 City Hamilton State OH Zip Code 45013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dermatopathology Laboratory of Central Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1275.00

Date of Receipt 08 / 18 / 2020  
**Transaction ID : SA11AI.58711**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Peditto, Stephanie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 Waukegan Road  
 City Northfield State IL Zip Code 60093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) College of American Pathologists Occupation (for Individual) Employee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 10 / 2020  
**Transaction ID : SA11AI.58764**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Rodriguez, Michelle, E, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 310 Highland Springs  
 City Georgetown State TX Zip Code 78633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Baylor Scott & White Medical Center Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 10 / 2020  
**Transaction ID : SA11AI.58705**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<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 12 OF 26
<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. Selvaggi, Suzanne, M, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Clinical Laboratories  
 600 Highland Ave  
 City Madison State WI Zip Code 53792-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Wisconsin Hosp & Clinics Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 19 / 2020  
**Transaction ID : SA11AI.58730**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Simonetti, Anthony, John, Dr., MD, MBA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 960 Saint Matthews Road  
 City Chester Springs State PA Zip Code 19425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Reading Hospital Tower Heath Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 08 / 01 / 2020  
**Transaction ID : SA11AI.58698**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. Taylor, Ann, , Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Intermountain Med Ctr Pat Dept  
 5121 S Cottonwood St  
 City Murray State UT Zip Code 84107-5701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Intermountain Laboratory Services Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 19 / 2020  
**Transaction ID : SA11AI.58715**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1450.00
<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 26
<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. Valdes, Caroline, 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 Medical Laboratory Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 22 / 2020  
**Transaction ID : SA11AI.58739**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Vanhose, John, S, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 830 W Bayou Pines Dr  
 City Lake Charles State LA Zip Code 70601-7077  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pathology Laboratory Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 24 / 2020  
**Transaction ID : SA11AI.58742**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Veve, Robert, , Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path 25470 Medical Center Dr Ste 105  
 City Murrieta State CA Zip Code 92562-4901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medical Lab Services Medical Group Inc Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 24 / 2020  
**Transaction ID : SA11AI.58746**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<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 26
<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. Wachtel, Mitchell, Steven, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Path Dept School of Med  
 3601 4th Street  
 City Lubbock State TX Zip Code 79430-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Texas Tech Univ HSC Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 24 / 2020  
**Transaction ID : SA11AI.58745**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Wright, Pamela, K, Ms., N/A**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1001 G Street NW Ste 425 West  
 City Washington State DC Zip Code 20001-4560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) College of American Pathologists Occupation (for Individual) Employee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 10 / 2020  
**Transaction ID : SA11AI.58706**  
 Amount of Each Receipt this Period 50.00  
 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)

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> This Period (last page this line number only).....	9600.00

**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. Sun Trust Bank**

Mailing Address P.O. Box 85024

City  
Richmond

State  
VA

Zip Code  
23285

Purpose of Disbursement  
RAZ Mobile Deposit Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2020

FEC Identification Number

C

**Transaction ID : SB21B.58696**

Amount of Each Disbursement this Period

43.72

Memo Item

Full Name (Last, First, Middle Initial)

**B. Sun Trust Bank**

Mailing Address P.O. Box 85024

City  
Richmond

State  
VA

Zip Code  
23285

Purpose of Disbursement  
Suntrust Account Analysis Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 20 / 2020

FEC Identification Number

C

**Transaction ID : SB21B.58697**

Amount of Each Disbursement this Period

80.00

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  
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)..... ▶

123.72

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

123.72

**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. AMERICAN WORKING FAMILIES**

Mailing Address 107 SOUTH WEST STREET  
SUITE 527

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) OTHER

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 19 / 2020

FEC Identification Number

C00511915

Transaction ID : SB23.58765

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BEATTY FOR CONGRESS**

Mailing Address 499 SOUTH CAPITOL STREET  
SW, SUITE 422

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify)

State: OH District: 03

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2020

FEC Identification Number

C00507368

Transaction ID : SB23.58767

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BILL CASSIDY FOR US SENATE**

Mailing Address 1006 PENDLETON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify)

State: LA District: 00

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2020

FEC Identification Number

C00543983

Transaction ID : SB23.58770

Amount of Each Disbursement this Period

1000.00

Memo Item

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

12000.00

**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. BLUMENAUER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 901 SE OAK STREET  
SUITE 105

City Portland State OR Zip Code 97214

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: OR District: 03

Date of Disbursement: 08 / 26 / 2020

FEC Identification Number: C00307314  
Transaction ID : SB23.58771  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 824 S MILLEDGE AVE  
SUITE 101

City ATHENS State GA Zip Code 30605

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: GA District: 01

Date of Disbursement: 08 / 26 / 2020

FEC Identification Number: C00543967  
Transaction ID : SB23.58772  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**C. BUDDY PAC**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 10570

City SAVANNAH State GA Zip Code 31412

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼ OTHER

State: District:

Date of Disbursement: 08 / 26 / 2020

FEC Identification Number: C00597062  
Transaction ID : SB23.58773  
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**

**A. CHUY GARCIA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 137 N. 14TH AVENUE

City MELROSE PARK State IL Zip Code 60160

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: IL District: 04

Date of Disbursement: 08 / 26 / 2020

FEC Identification Number: C00661777

Transaction ID : SB23.58775

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. CINDY AXNE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 65551

City WEST DES MOINES State IA Zip Code 50265

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: IA District: 03

Date of Disbursement: 08 / 26 / 2020

FEC Identification Number: C00646844

Transaction ID : SB23.58777

Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. COLLINS MAINE 2020**

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: 2020  Primary  General  Other (specify) ▼ OTHER

State: District:

Date of Disbursement: 08 / 26 / 2020

FEC Identification Number: C00716290

Transaction ID : SB23.58779

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**

**A. DARREN SOTO FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 600 PENNSYLVANIA AVE SE #15845

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: FL District: 09

Date of Disbursement: 08 / 26 / 2020

FEC Identification Number: C00581074

Transaction ID : SB23.58782

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. DOUG JONES FOR SENATE COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 131025

City BIRMINGHAM State AL Zip Code 35213

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: AL District: 00

Date of Disbursement: 08 / 26 / 2020

FEC Identification Number: C00640623

Transaction ID : SB23.58783

Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. DR KIM SCHRIER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2728

City ISSAQUAH State WA Zip Code 98027

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: WA District: 08

Date of Disbursement: 08 / 26 / 2020

FEC Identification Number: C00652628

Transaction ID : SB23.58784

Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

3000.00

**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. FRIENDS OF RAJA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address C/O AMY STRATHDEE  
PO BOX 15096

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: IL District: 08

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2020

FEC Identification Number

C C00575092

Transaction ID : SB23.58785

Amount of Each Disbursement this Period

1000.00

Memo Item

**B. FRIENDS OF SCHUMER**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 15854

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify)  
State: NY District: 00

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2020

FEC Identification Number

C C00346312

Transaction ID : SB23.58786

Amount of Each Disbursement this Period

1000.00

Memo Item

**C. GREAT LAKES PAC**

Full Name (Last, First, Middle Initial)

Mailing Address Seldon Group, 328 Massachusetts Av  
NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼ OTHER  
State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2020

FEC Identification Number

C C00375584

Transaction ID : SB23.58787

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)..... ▶

3500.00

**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. HALEY STEVENS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address C/O STRATHDEE GROUP  
PO BOX 15096

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: MI District: 11

Date of Disbursement: 08 / 26 / 2020

FEC Identification Number: C00638650  
**Transaction ID : SB23.58788**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. HEARTLAND VALUES PAC**

Full Name (Last, First, Middle Initial)

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: 2020  Primary  General  Other (specify) OTHER

State: District:

Date of Disbursement: 08 / 26 / 2020

FEC Identification Number: C00409003  
**Transaction ID : SB23.58790**  
Amount of Each Disbursement this Period: 1500.00

Memo Item

**C. JOHN CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 317 15TH STREET, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: TX District: 31

Date of Disbursement: 08 / 26 / 2020

FEC Identification Number: C00371203  
**Transaction ID : SB23.58791**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

3500.00

**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. LARSON FOR CONGRESS**

Mailing Address 413 NEW JERSEY AVE - BASEMENT LEVE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	2	0

FEC Identification Number

**C** C00330142

**Transaction ID : SB23.58792**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. LOU CORREA FOR CONGRESS**

Mailing Address HM CONSULTING  
114 LEXINGTON DR

City  
SILVER SPRING

State  
MD

Zip Code  
20901

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: CA District: 46

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	2	0

FEC Identification Number

**C** C00578302

**Transaction ID : SB23.58793**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MATSUI FOR CONGRESS**

Mailing Address P.O. BOX 83142

City  
GAITHERSBURG

State  
MD

Zip Code  
20883

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: CA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	2	0

FEC Identification Number

**C** C00409219

**Transaction ID : SB23.58794**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00

**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. MCCONNELL FOR SENATE COMMITTEE**

Mailing Address C/O L. LISKER, 228 S WASHINGTON ST  
#115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: KY District: 00

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2020

FEC Identification Number

**C** C00193342

**Transaction ID : SB23.58795**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MORGAN GRIFFITH FOR CONGRESS**

Mailing Address C/O K.B. DOUGHTERTY, 3213 DUKE ST  
SUITE700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: VA District: 09

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2020

FEC Identification Number

**C** C00477240

**Transaction ID : SB23.58796**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MULLIN 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: 2020  Primary  General  Other (specify) ▼  
 State: OK District: 02

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2020

FEC Identification Number

**C** C00498345

**Transaction ID : SB23.58797**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MULLIN 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: 2020  
 Primary  General  
 Other (specify) ▼

State: OK District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	2	0

FEC Identification Number

**C** C00498345

**Transaction ID : SB23.58798**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. RALPH NORMAN FOR CONGRESS**

Mailing Address PO BOX 37467

City  
ROCK HILL

State  
SC

Zip Code  
29732

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: SC District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	2	0

FEC Identification Number

**C** C00633610

**Transaction ID : SB23.58799**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. RICHARD E NEAL FOR CONGRESS COMMITTEE**

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: 2020  
 Primary  General  
 Other (specify) ▼

State: MA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	2	0

FEC Identification Number

**C** C00226522

**Transaction ID : SB23.58801**

Amount of Each Disbursement this Period

3000.00
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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. ROBIN KELLY FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 413 NEW JERSEY AVENUE, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: IL District: 02

Date of Disbursement: 08 / 26 / 2020

FEC Identification Number: C00539866  
Transaction ID : SB23.58802  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. RON WRIGHT FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address EPIPHANY PRODUCTIONS 1727 KING ST SUITE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: TX District: 06

Date of Disbursement: 08 / 26 / 2020

FEC Identification Number: C00662171  
Transaction ID : SB23.58803  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. STEVE CHABOT FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 617 EAST CUSTIS AVENUE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: OH District: 01

Date of Disbursement: 08 / 26 / 2020

FEC Identification Number: C00301838  
Transaction ID : SB23.58805  
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**

**A. STIVERS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 1200 TRINITY DRIVE

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: OH District: 15

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2020

FEC Identification Number

C00441352

**Transaction ID : SB23.58806**

Amount of Each Disbursement this Period

1000.00

Memo Item

**B. TAMMY FOR ILLINOIS**

Full Name (Last, First, Middle Initial)

Mailing Address 124 WASHINGTON STREET  
SUITE 101

City FOXBORO State MA Zip Code 02035

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2022  Primary  General  Other (specify) ▼  
 State: IL District: 00

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2020

FEC Identification Number

C00574889

**Transaction ID : SB23.58809**

Amount of Each Disbursement this Period

1000.00

Memo Item

**C. UPTON FOR ALL OF US**

Full Name (Last, First, Middle Initial)

Mailing Address 3410 ALABAMA AVENUE

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: MI District: 06

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2020

FEC Identification Number

C00200584

**Transaction ID : SB23.58811**

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)..... ▶

49500.00