PAGE 1 / 15

# **FEC**

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

FURIVI 3A	For (	Other Than A	An Authorized	d Commit	ttee		Office Use Only	
NAME OF COMMITTEE (in f		OR PRINT ▼		ample: If typer the lines.		12FE4M	5	
College of Ame	rican Patho	ologists Pol	itical Action	Commit	tee			
ADDRESS (number and ▼	street)	01 G Street NW uite 425 West						
Check if different than previous reported. (AC	ly . w	ashington				DC	20001	
2. FEC IDENTIFICA	TION NUMBE	ER ▼	CITY A			STATE A	ZIP CC	DDE 🛦
C C00274944			3. IS THIS REPORT		NEW (N) OR	AM (A)	IENDED	
4. TYPE OF REPO (Choose One)  (a) Quarterly Repo	- (.	n) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5) Jun 20 (M6)	Sep	20 (M8) 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
July 15	Report (Q1)	(c) 12-Day PRE-Ele		Primary (12		General (		Jan 31 (YE) Runoff (12R)
October 1 Quarterly January 3	5 Report (Q3)	Report fo	Election on	Convention	/ D D /	Special (	in the	of
July 31 N Report (N Year Only	lon-election  () (MY)	(d) 30-Day POST-E		General (3	0G)	Runoff (3	0R)	Special (30S)
(TER)	л пероп		Election on	M = M	/ D D /	Y Y Y Y	in the State	of
5. Covering Period	M M /	01 Y	2019	through	M M M	30	2019	
I certify that I have exa Type or Print Name of	K	eport and to the onnick, Eric, , Dr.		wledge and	d belief it is tr	ue, correct and	i complete.	
Signature of Treasurer	Konnick, Er	ric, , Dr., MD,MS		[Electronica	ally Filed] [	Date 10	16	2019
NOTE: Submission of fa	lse, erroneous,	or incomplete in	nformation may si	ubject the pe	erson signing t	his Report to th	ne penalties of 52	2 U.S.C. § 3010
Office Use							FEC FOR Rev. 05/2	

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### College of American Pathologists Political Action Committee

Report Covering the Period: From: 09 01 2019 To: 09 30 2019

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2019		422511.14
	(b) Cash on Hand at Beginning of Reporting Period	398233.14	
	(c) Total Receipts (from Line 19)	4090.00	166147.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	402323.14	588658.14
7.	Total Disbursements (from Line 31)	28095.00	214430.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	374228.14	374228.14
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 BY 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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### College of American Pathologists Political Action Committee

01 2019 09 30 2019 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 3700.00 141825.00 (i) Itemized (use Schedule A)..... 390.00 24322.00 (ii) Unitemized ..... (iii) TOTAL (add 166147.00 4090.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 166147.00 4090.00 Totals to Line 33, page 5) .....▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ....... (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 166147.00 12, 13, 14, 15, 16, 17, and 18(c))......▶ 4090.00 20. Total Federal Receipts 4090.00 166147.00 (subtract Line 18(c) from Line 19) .......▶

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
I. Operating Expenditures:  (a) Allocated Federal/Non-Federal  Activity (from Schedule H4)	1000 1110 1 01100	Galeridai Tear-to-Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	95.00	630.00
Expenditures(c) Total Operating Expenditures	33.00	1 1 1 1 1 1 1 1 1
(add 21(a)(i), (a)(ii), and (b))	95.00	630.00
Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees	28000.00	213800.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	4 1 4 1 4
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
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
Other Disbursements (Including Non-Federal Donations)	0.00	0.00
· ·	4 4	45 45
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))		
2 35(a)(ii) and 30(0))	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))		
	28095.00	214430.00
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	28095.00	214430.00

#### **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)	4090.00	166147.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4090.00	166147.00
86. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	95.00	630.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	95.00	630.00

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

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

Use separate schedule(s)

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l			13		14		15	16	6	17

for each category of the Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Cooper Jr, Thomas, J, Dr., MD Date of Receipt Mailing Address 5620 E El Parque St 18 2019 City Zip Code State Transaction ID: SA11AI.57684 CA Long Beach 90815-4129 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Unaffiliated Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Eldin, Karen, Wiedemann, Dr., MD Date of Receipt Mailing Address 2210 W Holcombe Blvd 09 2019 City State Zip Code Transaction ID: SA11AI.57686 TX Houston 77030-2088 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Texas Childrens Hosp Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 900.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Fowkes, Mary, Elizabeth, Dr., MD, PhD Date of Receipt Mailing Address 28 Elm Rd 2019 City State Zip Code Transaction ID: SA11AI.57695 NY Katonah 10536-1308 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Mount Sinai Medical Center Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1800.00 Other (specify) 1300.00 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 7 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

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for each category of the Detailed Summary Page 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Frigy, Alan, F, Dr., MD Date of Receipt Mailing Address 2465 Haines Hill Rd 2019 City Zip Code State Transaction ID: SA11AI.57685 IL Decatur 62521-9120 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Unafilliated Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Green, Emily, Ann, Dr., MD Date of Receipt Mailing Address 3936 19th St 2019 City State Zip Code Transaction ID: SA11AI.57683 CA San Francisco 94114-2522 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) David Grant Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 350.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Hickey, William, F., Dr., MD Date of Receipt Mailing Address Dept of Path/Borwell Bldg 2019 1 Medical Center Dr City Zip Code State Transaction ID: SA11AI.57687 NH Lebanon 03756-1000 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Dartmouth Med School Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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for each category of the Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Joelson, Dean, W, Dr., MD Date of Receipt Mailing Address 84 Spruell Springs Rd NE 2019 City Zip Code State Transaction ID: SA11AI.57691 GA Sandy Springs 30342-2525 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Piedmont Atlanta Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Konnick, Eric, , Dr., MD, MS Date of Receipt Mailing Address 1814 NW 77th St 09 13 2019 City State Zip Code Transaction ID: SA11AI.57679 WA Seattle 98117-5447 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) University of Washington Medical Cente Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Livasy, Chad, A, Dr., MD Date of Receipt Mailing Address 2644 Hampton Ave 01 2019 City Zip Code State Transaction ID: SA11AI.57677 NC Charlotte 28207-2522 Amount of Each Receipt this Period FEC ID number of contributing C 750.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Carolinas Medical Center Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 1050.00 SUBTOTAL of Receipts This Page (optional).....

Primary

Other (specify)

General

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

Use separate schedule(s) for each category of the

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Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Valdes, Caroline, Leilani, Dr., MD Date of Receipt Mailing Address 608 W Commercial St 2019 City State Zip Code Transaction ID: SA11AI.57688 TX Victoria 77901-6302 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional Medical Laboratory Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 950.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼

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Any information copied from such Reports and Statements may rot be sold or used by any person for the purpose of soliditing contributions or for commercial purposes, other than using the name and address of any political committee to soliditing contributions from such soliditing contributions or for commercial purposes, other than using the name and address of any political committee to soliditing contributions from such committee.  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 State Disbursement For:  Senate Prissiont Other (specify) V General  Office Sought: House Disbursement For:  Category' Type  Office Sought: House Disbursement For:  Candidate Name  College of Disbursement Tibs Period Disbursement For:  Candidate Name  Office Sought: House Disbursement For:  Candidate	SCHEDULE B (FEC Form 3X)	11-	FOR LINE				NE NUMBER: PAGE 10 OF 15					
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for commercial purposes, other than using the name and address of any political committee to aclicit contributions from such committee.  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  State:  District  First, Middle Initial)  B.  Mailing Address  City  State:  District  First, Middle Initial)  B.  Date of Disbursement  Category/ Type  Office Sought:  FEC Identification Number  Category/ Type  Office Sought:	ITEMIZED DISBURSEMENTS			(Olicon	-							
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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 Pull) College of American Pathologists Political Action Committee  Full Name (Last, First, Middle Initial)  A Sun Trust Bank  Mailing Address P.O. Box 85024  City State Zip Code Richmond VA Z3285  Furpose of Disbursement For: State: District: Search Category/ Type  Office Sought: House Primary General Disbursement For: State: District: Pull Name (Last, First, Middle Initial)  B. Date of Disbursement  Mailing Address  City State Zip Code  City State Zip Code  Purpose of Disbursement  Category/ Type  Office Sought: House Primary General Disbursement For: Sonate Primary General Disbursement  Category/ Type  Office Sought: House Primary General Disbursement For: State: District: Pull Name (Last, First, Middle Initial)  City State Zip Code  FEC Identification Number  Clamidate Name  Category/ Type  Office Sought: House Primary General Disbursement For: State: District: Pull Name (Last, First, Middle Initial)  City State Zip Code  FEC Identification Number  Clamidate Name  Category/ Type  FEC Identification Number  Clamidate Name  FEC Identification N	Any information conied from such Reports and Sta	tements may	/ not be sold or us							nns		
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Senate President Other (specify)    State: District:  Full Name (Last, First, Middle Initial)  B.  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name President Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought: House Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code FEC Identification Number  Category/ Type  Other (specify)  Date of Disbursement this Period  Memo Item  FEC Identification Number  Category/ Type  Other (specify)  Amount of Each Disbursement  Category/ Type  Office Sought: House Senate Primary General Primary General President  Candidate Name  Office Sought: House Senate Primary General Primary General President  State: District: Memo Item  Substortal of Disbursement This Page (optional)						-						
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City Purpose of Disbursement Candidate Name  Category/ Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Purpose of Disbursement  Category/ Type  Memo Item  FEC Identification Number  Category/ Memo Item  FEC Identification Number  Category/ Type  Memo Item  State: District:  Senate Primary General Other (specify) ▼  Substate: District:  Substate: District: Memo Item  Substate: District: Memo Item  Substate: District: Memo Item	В.					Date of	Disburse	ement				
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Candidate Name  Office Sought: House Senate Primary General Other (specify)  State: District: Memo Item  Tall Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: General President State: District:  Subtrotal of Disbursements This Page (optional)	Purpose of Disbursement				_	C						
Office Sought: House Senate Primary General Primary General Disbursement for:  State: District: Memo Item  Date of Disbursement  City State Zip Code Purpose of Disbursement  Candidate Name  Candidate Name  Office Sought: House Senate Primary General Disbursement  Candidate Name  Office Sought: House Disbursement For:  Senate Primary General Disbursement this Period  Type  Office Sought: House Disbursement For:  Senate Primary General Disbursement this Period  Memo Item  State: District:  Substate: District: Memo Item  FEC Identification Number  Category/ Type  Memo Item  Substate: District: Memo Item												
Office Sought:	Candidate Name				//	Amount	t of Each	Disbursen	nent this Pe	eriod		
Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code FEC Identification Number  Purpose of Disbursement  Candidate Name Category/ Type  Office Sought: House Senate Primary General Other (specify) Memo Item  State: District:  Subtrotal of Disbursements This Page (optional)	Office Sought: House Dishur	sement For		туре	-							
State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City  State  Zip Code  Purpose of Disbursement  Candidate Name  Category/  Office Sought:  House  President  State:  District:  Memo Item  Date of Disbursement  FEC Identification Number  Category/ Type  Amount of Each Disbursement this Period  Memo Item  Memo Item  Memo Item  Memo Item  Date of Disbursement  Memo Item  Memo Item  President  State:  Substock  Subs		_	General				-4-		1 45			
State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City  Purpose of Disbursement  Candidate Name  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General President Other (specify)  State: District:  Substrict: MMM / DD / YYYYYYY  FEC Identification Number  Category/ Type  Amount of Each Disbursement this Period  Memo Item  95.00		Other (sp	ecify)			Me	mo Item					
City State Zip Code FEC Identification Number  Candidate Name Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						<u> </u>						
City State Zip Code FEC Identification Number  Candidate Name Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Subtotal of Disbursements This Page (optional)	• • • • • • • • • • • • • • • • • • • •					Date of	Disburse	ement				
City State Zip Code FEC Identification Number  Candidate Name Category/ Type  Office Sought: House Senate Primary General President Other (specify) ▼  State: District: Memo Item  Subtroctal of Disbursements This Page (optional)						M M	/ D	D / Y	TY TY TY	7		
Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President State: District:  Substitute of Disbursements This Page (optional)	Mailing Address						1 L	_  L		_		
Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Substrict:  Substrict: Memo Item  Proceedings of the primary Primary General Other (specify) ▼  Substrict: Memo Item	City	State	Zip Code			FEC Id	entificatio	n Number				
Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Subtrotal of Disbursements This Page (optional)	Purpose of Disbursement				$\dashv$	С						
Office Sought: House Disbursement For: Senate Primary General Other (specify)  State: District:  SUBTOTAL of Disbursements This Page (optional)	Condidate Name					-						
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  Subtrotal of Disbursements This Page (optional)	Candidate Name				//	Amount	t of Each	Disbursen	nent this Pe	eriod		
State: Other (specify)   Substrict: Memo Item  95.00		sement For:							- 40			
State: District: Memo Item  SUBTOTAL of Disbursements This Page (optional)												
SUBTOTAL of Disbursements This Page (optional)		Otner (sp	ecity) $\blacktriangledown$			Me	mo Item					
OF OO	2.5									-		
95.00	SUBTOTAL of Disbursements This Page (optional	l)			<b>•</b>				95.00	)		
	TOTAL This Period (last page this line number or								95.00			

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only c	one) 22 <b>X</b> 23 26 27 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
College of American Pathologists P	Political Action Comm	ittee	
Full Name (Last, First, Middle Initial)  A. ARMSTRONG FOR CONGRESS			Date of Disbursement
ANNOT NONG FOR CONGRESS			M M / D D / Y Y Y Y
Mailing Address 439 NEW JERSEY AVE, SE			09 18 2019
,	State Zip Code DC 20003		FEC Identification Number
Purpose of Disbursement			C C00670547
Candidate Name			Transaction ID : SB23.57658
Cardidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For: 2020		1000.00
	Primary General  Other (specify) ▼		Mome Item
State: ND District: 00			Memo Item
Full Name (Last, First, Middle Initial)  B. CONTINUING AMERICA'S STREN	IGTH AND SECURIT	Y PAC	Date of Disbursement
Mailing Address 1006 PENDLETON STREET			09 18 2019
,	State Zip Code VA 22314		FEC Identification Number
Purpose of Disbursement	22317		C C00480228
Candidate Name		Category/	Transaction ID : SB23.57660 Amount of Each Disbursement this Period
Office Sought: House Disbursem	nent For: 2019	Туре	1000.00
Senate	Primary General		7 7 7
State: President X	Other (specify) OTHER		Memo Item
Full Name (Last, First, Middle Initial)  C. DEVIN NUNES CAMPAIGN COMM			Date of Disbursement
			M   M / D   D / Y   Y   Y   Y   Y
Mailing Address PO BOX 6545			09 18 2019
,	State Zip Code CA 93290		FEC Identification Number
Purpose of Disbursement	33230		C C00370056
Candidate Name		Category/ Type	Transaction ID : SB23.57661 Amount of Each Disbursement this Period
	nent For: 2020		1000.00
	Primary General  Other (specify) ▼		
State: CA District: 22	Cirici (Specify) •		Memo Item
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only).			3000.00

SCHEDULE B (FEC Form 3X)	Use separate	e schedule(s)	FOR LINE N	
ITEMIZED DISBURSEMENTS	for each cate Detailed Sun	egory of the	(check only 21b 28a	one)  22
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	nents may not	be sold or use	d by any perso	n for the purpose of soliciting contributions solicit contributions from such committee
NAME OF COMMITTEE (In Full)  College of American Pathologists F				Solicit Commiscionio nomi Coor Commiscio.
Full Name (Last, First, Middle Initial)  A. DOGGETT FOR U S CONGRESS	COMMITT	ΓΕΕ		Date of Disbursement
Mailing Address PO BOX 5843				09 18 2019
City AUSTIN Purpose of Disbursement		p Code 78763		FEC Identification Number
Candidate Name			Category/	C C00286500  Transaction ID : SB23.57662  Amount of Each Disbursement this Period
Senate x	nent For: 2020 Primary (Other (specify)	General	Туре	2000.00 Memo Item
Full Name (Last, First, Middle Initial)  3. DONNA SHALALA FOR CONGRE  Mailing Address 219 PENNSYLVANIA AVE SE 3RD FLOOR	SS			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WASHINGTON		p Code 20003		FEC Identification Number
Purpose of Disbursement  Candidate Name			Category/ Type	C C00672311  Transaction ID: SB23.57663  Amount of Each Disbursement this Period
Senate x	nent For: 2020 Primary Other (specify)	General	,	5000.00 Memo Item
Full Name (Last, First, Middle Initial)  DR. RAUL RUIZ FOR CONGRESS	3			Date of Disbursement
Mailing Address PO BOX 15096				09 18 2019
City WASHINGTON Purpose of Disbursement		p Code 20003		FEC Identification Number  C C00502575
Candidate Name		<u> </u>	Category/ Type	Transaction ID: SB23.57665  Amount of Each Disbursement this Period
Senate	nent For: 2020 Primary (Specify)	General		1000.00  Memo Item
SUBTOTAL of Disbursements This Page (optional)			······	8000.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	•
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	7 one) 22 <b>X</b> 23 26 27 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)  College of American Pathologists P			Tom Guon Committee.
Full Name (Last, First, Middle Initial)  A. GUTHRIE FOR CONGRESS			Date of Disbursement
Mailing Address 499 SOUTH CAPITOL STREET, SV SUITE 420	W		09 30 2019
,	State Zip Code DC 20003		FEC Identification Number
Candidate Name		Category/	C C00445023  Transaction ID : SB23.57671  Amount of Each Disbursement this Period
Senate President	nent For: 2020  Primary General  Other (specify)	Type	1000.00 Memo Item
State: KY District: 02  Full Name (Last, First, Middle Initial)  3. JOE MORELLE FOR CONGRESS  Mailing Address 119 1ST AVE SOUTH  C/O BLUE WAVE			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code WA 98104		FEC Identification Number
Purpose of Disbursement  Candidate Name	'	Category/ Type	C C00675108  Transaction ID: SB23.57672  Amount of Each Disbursement this Period
Senate x	nent For: 2020 Primary General Other (specify)		1000.00 Memo Item
Full Name (Last, First, Middle Initial)  LAHOOD FOR CONGRESS			Date of Disbursement
Mailing Address 5827 COLFAX AVENUE			09 18 2019
,	State Zip Code VA 22311		FEC Identification Number  C C00575050  Transaction ID : SB23.57666
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Senate x	nent For: 2020 Primary General Other (specify)		3000.00 Memo Item
SUBTOTAL of Disbursements This Page (optional)		·····	5000.00
TOTAL This Period (last page this line number only).			

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 <b>X</b> 23 26 27 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
College of American Pathologists F	Political Action Comm	ittee	
Full Name (Last, First, Middle Initial)			Date of Disbursement
A. PAC TO THE FUTURE			M M / D D / Y Y Y
Mailing Address 430 SOUTH CAPITAL STREET, SE C/O M.PLASENCIA	=		09 30 2019
City Washingtin	State Zip Code DC 20003		FEC Identification Number
Purpose of Disbursement	20003		C C00244224
			C C00344234
Candidate Name		Category/	Transaction ID: SB23.57674  Amount of Each Disbursement this Period
		Type	
	nent For: 2019		1000.00
	Primary General  Other (specify) ▼		
State: District:	OTHER		Memo Item
Full Name (Last, First, Middle Initial)			
B. SCHAKOWSKY FOR CONGRESS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address P.O. BOX 5130			09 18 2019
,	State Zip Code IL 60204		FEC Identification Number
EVANSTON Purpose of Disbursement	IL 60204		C C00327023
Candidate Name Category/			Transaction ID: SB23.57667  Amount of Each Disbursement this Period
		Type	5000.00
	nent For: 2020		5000.00
	Primary General Other (specify)		
State: IL District: 09	Cirior (openity)		Memo Item
Full Name (Last, First, Middle Initial)			
C. STIVERS FOR CONGRESS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 217 THIRD STREET, SE			09 30 2019
City	State Zip Code		FFO Identification Number
WASHINGTON	DC 20003		FEC Identification Number
Purpose of Disbursement	Г		C C00441352
Condidata Nama			Transaction ID : SB23.57675
Candidate Name		Category/	Amount of Each Disbursement this Period
Office Sought:  House Disbursen	nent For: 2020	Туре	2500.00
	Primary General		4 4
	Other (specify) ▼		Memo Item
State: OH District: 15			
			2522.22
SUBTOTAL of Disbursements This Page (optional)		······	8500.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 15 OF 15
ITEMIZED DISBURSEMENTS	Llos conorato cohodulo(a)		(check only	TOMBEIT:
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			28a	28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)				
College of American Pathologists	Political A	ction Comr	mittee	
Full Name (Last, First, Middle Initial)	•			Data of Dishursament
A. TERRI SEWELL FOR CONGRES	Date of Disbursement			
Mailing Address 499 S CAPITAL STREET, SW SUITE 422	a	<del></del>		09 18 2019
City WASHINGTON	State DC	Zip Code 20003		FEC Identification Number
Purpose of Disbursement		20000		C C00458976
				Transaction ID : SB23.57668
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
	ment For: 20			2500.00
Senate x President	Primary Other (speci	General fy) ▼		Memo Item
State: AL District: 07	'			The manual term
Full Name (Last, First, Middle Initial)				
B. TINA SMITH FOR MINNESOTA			Date of Disbursement	
Mailing Address 1140 3 STREET, NE 2ND FLOOR				09 18 2019
	State	Zip Code		FEC Identification Number
WASHINGTON				
Purpose of Disbursement				C C00663781
Candidate Name Category/				Transaction ID : SB23.57669  Amount of Each Disbursement this Period
Type				Amount of Each Disbursement this Fellou
Office Sought: House Disburse	1000.00			
X Senate X				
State: MN District: 00	Other (speci	ry)		Memo Item
Full Name (Last, First, Middle Initial)				Date of Disbursement
C.				
Mailing Address			M M / D D / Y Y Y Y Y	
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement			C	
Candidate Name  Category/ Type			Amount of Each Disbursement this Period	
Office Sought: Disbursement For:				
Senate				
State: District:	Other (speci-	fy) ▼		Memo Item
Giate. District.				
SUBTOTAL of Disbursements This Page (optional)				3500.00
TOTAL This Period (last page this line number only	·)			28000.00