

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

5. Covering Period [09] / [01] / [2019] through [09] / [30] / [2019]

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 **10 / 16 / 2019**

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)

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="2019"/>		<input type="text" value="422511.14"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="398233.14"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="4090.00"/>	<input type="text" value="166147.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="402323.14"/>	<input type="text" value="588658.14"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="28095.00"/>	<input type="text" value="214430.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="374228.14"/>	<input type="text" value="374228.14"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

College of American Pathologists Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3700.00	141825.00
(ii) Unitemized	390.00	24322.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4090.00	166147.00
(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)	4090.00	166147.00
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)).....▶	4090.00	166147.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4090.00	166147.00

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	95.00	630.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	95.00	630.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28000.00	213800.00
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)) ..	28095.00	214430.00
32. 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
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4090.00	166147.00
36. 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
38. Net Operating Expenditures (subtract Line 37 from Line 36)	95.00	630.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Cooper Jr, Thomas, J, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5620 E El Parque St
 City Long Beach State CA Zip Code 90815-4129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Unaffiliated Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 18 / 2019
Transaction ID : SA11AI.57684
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Eldin, Karen, Wiedemann, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2210 W Holcombe Blvd
 City Houston State TX Zip Code 77030-2088
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Childrens Hosp Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2019
Transaction ID : SA11AI.57686
 Amount of Each Receipt this Period 100.00
 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
 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 ▼ 1800.00

Date of Receipt 09 / 27 / 2019
Transaction ID : SA11AI.57695
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Frigy, Alan, F, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2465 Haines Hill Rd
 City Decatur State IL Zip Code 62521-9120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Unaffiliated Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 21 / 2019
Transaction ID : SA11AI.57685
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Green, Emily, Ann, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3936 19th St
 City San Francisco State CA Zip Code 94114-2522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) David Grant Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 17 / 2019
Transaction ID : SA11AI.57683
 Amount of Each Receipt this Period 50.00
 Memo Item

C. 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
 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 09 / 21 / 2019
Transaction ID : SA11AI.57687
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Joelson, Dean, W, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 84 Spruell Springs Rd NE
 City Sandy Springs State GA Zip Code 30342-2525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Piedmont Atlanta Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 23 / 2019
Transaction ID : SA11AI.57691
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Konnick, Eric, , Dr., MD, MS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1814 NW 77th St
 City Seattle State WA Zip Code 98117-5447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Washington Medical Cente Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 13 / 2019
Transaction ID : SA11AI.57679
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Livasy, Chad, A, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2644 Hampton Ave
 City Charlotte State NC Zip Code 28207-2522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carolinas Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 01 / 2019
Transaction ID : SA11AI.57677
 Amount of Each Receipt this Period 750.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 9 OF 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Valdes, Caroline, Leilani, Dr., MD

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 ▼ **950.00**

Date of Receipt
09 / 22 / 2019

Transaction ID : SA11AI.57688

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	3700.00

**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
Suntrust Account Analysis Fee

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2019

FEC Identification Number

C

Transaction ID : SB21B.57657

Amount of Each Disbursement this Period

95.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

--

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

--

Memo Item

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

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

95.00

95.00

**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. ARMSTRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

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: ND District: 00

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2019

FEC Identification Number

C00670547

Transaction ID : SB23.57658

Amount of Each Disbursement this Period

1000.00

Memo Item

B. CONTINUING AMERICA'S STRENGTH AND SECURITY PAC

Full Name (Last, First, Middle Initial)

Mailing Address 1006 PENDLETON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2019 Primary General Other (specify) OTHER
 State: District:

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2019

FEC Identification Number

C00480228

Transaction ID : SB23.57660

Amount of Each Disbursement this Period

1000.00

Memo Item

C. DEVIN NUNES CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 6545

City VISALIA State CA Zip Code 93290

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: CA District: 22

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2019

FEC Identification Number

C00370056

Transaction ID : SB23.57661

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. DOGGETT FOR U S CONGRESS COMMITTEE

Mailing Address PO BOX 5843

City
AUSTIN

State
TX

Zip Code
78763

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: TX District: 10

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2019

FEC Identification Number

C C00286500

Transaction ID : SB23.57662

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DONNA SHALALA FOR CONGRESS

Mailing Address 219 PENNSYLVANIA AVE SE
3RD FLOOR

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: 27

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2019

FEC Identification Number

C C00672311

Transaction ID : SB23.57663

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DR. RAUL RUIZ FOR CONGRESS

Mailing Address 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: CA District: 36

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2019

FEC Identification Number

C C00502575

Transaction ID : SB23.57665

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).....▶

8000.00

**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. GUTHRIE FOR CONGRESS

Mailing Address 499 SOUTH CAPITOL STREET, SW
SUITE 420

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: KY District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		3	0		2	0	1	9		

FEC Identification Number

C C00445023

Transaction ID : SB23.57671

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JOE MORELLE FOR CONGRESS

Mailing Address 119 1ST AVE SOUTH
C/O BLUE WAVE

City
SEATTLE

State
WA

Zip Code
98104

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: NY District: 25

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		3	0		2	0	1	9		

FEC Identification Number

C C00675108

Transaction ID : SB23.57672

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LAHOOD FOR CONGRESS

Mailing Address 5827 COLFAX AVENUE

City
ALEXANDRIA

State
VA

Zip Code
22311

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		1	8		2	0	1	9		

FEC Identification Number

C C00575050

Transaction ID : SB23.57666

Amount of Each Disbursement this Period

3000.00

Memo Item

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

5000.00

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. PAC TO THE FUTURE

Mailing Address 430 SOUTH CAPITAL STREET, SE
C/O M.PLAENCIA

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2019
 Primary General
 Other (specify) **OTHER**

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2019

FEC Identification Number

C C00344234

Transaction ID : SB23.57674

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SCHAKOWSKY FOR CONGRESS

Mailing Address P.O. BOX 5130

City EVANSTON State IL Zip Code 60204

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2020
 Primary General
 Other (specify)

State: IL District: 09

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2019

FEC Identification Number

C C00327023

Transaction ID : SB23.57667

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. STIVERS FOR CONGRESS

Mailing Address 217 THIRD STREET, 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: OH District: 15

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2019

FEC Identification Number

C C00441352

Transaction ID : SB23.57675

Amount of Each Disbursement this Period

2500.00

Memo Item

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

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. TERRI SEWELL FOR CONGRESS

Mailing Address 499 S CAPITAL 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: AL District: 07

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2019

FEC Identification Number

C C00458976

Transaction ID : SB23.57668

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TINA SMITH FOR MINNESOTA

Mailing Address 1140 3 STREET, NE
2ND FLOOR

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: MN District: 00

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2019

FEC Identification Number

C C00663781

Transaction ID : SB23.57669

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

3500.00

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

28000.00