

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period [MM] / [DD] / [YYYY] 06 / 01 / 2020 through [MM] / [DD] / [YYYY] 06 / 30 / 2020

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 07 / 16 / 2020

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="2020"/>		395573.09
(b) Cash on Hand at Beginning of Reporting Period.....	367801.03	
(c) Total Receipts (from Line 19)	985.00	94891.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	368786.03	490464.09
7. Total Disbursements (from Line 31).....	26638.57	148316.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	342147.46	342147.46
9. Debts and Obligations Owed TO 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

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).....	700.00	80940.00
(ii) Unitemized	285.00	13951.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	985.00	94891.00
(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)	985.00	94891.00
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)).....▶	985.00	94891.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	985.00	94891.00

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	138.57	816.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	138.57	816.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26500.00	147500.00
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)) ..	26638.57	148316.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26638.57	148316.63

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)	985.00	94891.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	985.00	94891.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	138.57	816.63
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	138.57	816.63

**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. Bauer-Marsh, Elizabeth, , Anne, Dr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 221 NE Glen Oak Ave

City Peoria	State IL	Zip Code 61636-0001
----------------	-------------	------------------------

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

Name of Employer (for Individual) Methodist Med Ctr of Illinois	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
06	/	30	/	2020

Transaction ID : SA11AI.58636

Amount of Each Receipt this Period

- 250.00

Memo Item
 Orig Inv 2392843 Credit Memo 2424131 Issued

B. 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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2020

Transaction ID : SA11AI.58630

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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2020

Transaction ID : SA11AI.58625

Amount of Each Receipt this Period

200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
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"/> 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. 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 ▼ 300.00

Date of Receipt 06 / 17 / 2020
Transaction ID : SA11AI.58628
 Amount of Each Receipt this Period 50.00
 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 ▼ 1000.00

Date of Receipt 06 / 01 / 2020
Transaction ID : SA11AI.58618
 Amount of Each Receipt this Period 200.00
 Memo Item

C. 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 ▼ 300.00

Date of Receipt 06 / 22 / 2020
Transaction ID : SA11AI.58629
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 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. Volk, Emily, Ellen, Dr., MD, MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 219 Lamont Ave
 City San Antonio State TX Zip Code 78209-3753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Health System Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 12 / 2020
Transaction ID : SA11AI.58624
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Zimmerman, Michelle, K, Dr., MD, MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 430 Buckingham Dr
 City Indianapolis State IN Zip Code 46208-3612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DPLM at Indiana Univ Health Pathology Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 10 / 2020
Transaction ID : SA11AI.58620
 Amount of Each Receipt this Period 250.00
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	700.00

**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. RAZ Mobile

Mailing Address Internet Company

City None State Zip Code 00000

Purpose of Disbursement Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2020

FEC Identification Number

C

Transaction ID : SB21B.58632

Amount of Each Disbursement this Period

88.57

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 Acct 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
06 / 18 / 2020

FEC Identification Number

C

Transaction ID : SB21B.58631

Amount of Each Disbursement this Period

50.00

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)..... ▶

138.57

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

138.57

**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. ANDY HARRIS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 617 E. CUSTIS AVE

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: MD District: 01

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2020

FEC Identification Number

C C00435974

Transaction ID : SB23.58593

Amount of Each Disbursement this Period

1000.00

Memo Item

B. 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

MM / DD / YYYY
06 / 24 / 2020

FEC Identification Number

C C00307314

Transaction ID : SB23.58594

Amount of Each Disbursement this Period

2500.00

Memo Item

C. BRIAN FITZPATRICK 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: PA District: 01

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2020

FEC Identification Number

C C00607416

Transaction ID : SB23.58595

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

6000.00

**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. CURTIS FOR CONGRESS

Mailing Address 439 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: UT District: 03

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2020

FEC Identification Number

C C00647339

Transaction ID : SB23.58616

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JIM CLYBURN

Mailing Address 499 S. CAPITOL ST., SW
SUITE 422

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2020

FEC Identification Number

C C00255562

Transaction ID : SB23.58597

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. HAWKEYE PAC, THE

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) ▼
 State: District: OTHER

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2020

FEC Identification Number

C C00379479

Transaction ID : SB23.58601

Amount of Each Disbursement this Period

2000.00

Memo Item

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

4000.00

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. JOHN COWAN FOR CONGRESS, INC.

Mailing Address 410 1ST STREET, SW
SUITE 310

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) Runoff
 State: GA District: 14

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2020

FEC Identification Number

C00734517

Transaction ID : SB23.58602

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MCCARTHY VICTORY FUND

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) OTHER
 State: CA District: 23

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2020

FEC Identification Number

C00541011

Transaction ID : SB23.58604

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MCNERNEY FOR CONGRESS

Mailing Address PO BOX 690371

City STOCKTON State CA Zip Code 95269

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2020

FEC Identification Number

C00398644

Transaction ID : SB23.58605

Amount of Each Disbursement this Period

5000.00

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

A. MORAN FOR KANSAS

Full Name (Last, First, Middle Initial)

Mailing Address 611 PENNSYLVANIA AVE, SE
BOX 396

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: KS District:

Date of Disbursement: 06 / 24 / 2020

FEC Identification Number: C00312090
Transaction ID : SB23.58606
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. NEVADANS FOR STEVEN HORSFORD

Full Name (Last, First, Middle Initial)

Mailing Address P.O. 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: NV District: 04

Date of Disbursement: 06 / 24 / 2020

FEC Identification Number: C00668228
Transaction ID : SB23.58607
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. 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: 06 / 24 / 2020

FEC Identification Number: C00539866
Transaction ID : SB23.58608
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

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

NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. STEVE CHABOT FOR CONGRESS

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

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	2	0

FEC Identification Number

C C00301838

Transaction ID : SB23.58609

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

B. 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

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	2	0

FEC Identification Number

C C00458976

Transaction ID : SB23.58611

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

C. TEXANS FOR RONNY JACKSON

Mailing Address 217 3RD 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) ▼
Runoff

State: TX District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	2	0

FEC Identification Number

C C00730531

Transaction ID : SB23.58612

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

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

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

3	0	0	0	0	0	0	0	0	0

**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. TONY CARDENAS FOR CONGRESS

Mailing Address P.O. 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: 29

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	2	0

FEC Identification Number

C C00498873

Transaction ID : SB23.58614

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. UPTON FOR ALL OF US

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

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	2	0

FEC Identification Number

C C00200584

Transaction ID : SB23.58615

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

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

2000.00

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

26500.00