

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

Check if different than previously reported. (ACC) Suite 425 West

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 M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2019 through M M M / D D D / Y Y Y Y Y Y 11 / 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.
 Type or Print Name of Treasurer Konnick, Eric, , Dr., MD,MS

Signature of Treasurer Konnick, Eric, , Dr., MD,MS [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 12 / 18 / 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"/>	<input type="text" value="422511.14"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="401450.81"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="12721.00"/>	<input type="text" value="205171.50"/>
(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="414171.81"/>	<input type="text" value="627682.64"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="21123.72"/>	<input type="text" value="234634.55"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="393048.09"/>	<input type="text" value="393048.09"/>
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: M M / D D / Y Y Y Y Y 11 / 01 / 2019 To: M M / D D / Y Y Y Y Y 11 / 30 / 2019

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).....	8700.00	173392.50
(ii) Unitemized	4021.00	31779.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12721.00	205171.50
(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)	12721.00	205171.50
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)).....▶	12721.00	205171.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	12721.00	205171.50

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	123.72	1334.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	123.72	1334.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23000.00	235300.00
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	- 2000.00	- 2000.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	- 2000.00	- 2000.00
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)) ..	21123.72	234634.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21123.72	234634.55

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)	12721.00	205171.50
34. Total Contribution Refunds (from Line 28(d))	- 2000.00	- 2000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14721.00	207171.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	123.72	1334.55
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	123.72	1334.55

**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 21
<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. Altenburger, Dana, Lynn, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9449 Janel Dr
 City Bloomington State IL Zip Code 61705-4041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advocate BroMenn Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 18 / 2019
Transaction ID : SA11AI.57934
 Amount of Each Receipt this Period 250.00
 Memo Item

B. 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 11 / 12 / 2019
Transaction ID : SA11AI.57919
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Bourtsos, Eleni, P, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 278 COE Rd
 City Clarendon Hills State IL Zip Code 60514-1064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Adventist Midwest Hlth dba Adventist L Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 21 / 2019
Transaction ID : SA11AI.57945
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
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 21
	<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. Carry, James, B, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Path
 5555 Grossmont Center Dr
 City La Mesa State CA Zip Code 91942-3019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Grossmont Hosp-Sharp Healthcare Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 08 / 2019
Transaction ID : SA11AI.57907
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Collins, Timothy, J, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 N Peachtree Ave
 City Cookeville State TN Zip Code 38501-2546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cookeville Pathology Laboratory Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 12 / 2019
Transaction ID : SA11AI.57922
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Fowkes, Mary, Elizabeth, Dr., MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 Elm Rd
 City Katonah State NY Zip Code 10536-1308
 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 ▼ 2225.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 27 / 2019
Transaction ID : SA11AI.57981
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	700.00
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 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Frazier Jr, Robert, Anthony, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 733 Boush St Ste 200

City Norfolk	State VA	Zip Code 23510-1501
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Dominion Pathology Laboratories	Occupation (for Individual) Pathologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2019
Transaction ID : SA11AI.57921

Amount of Each Receipt this Period
 2000.00

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
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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 ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2019
Transaction ID : SA11AI.57926

Amount of Each Receipt this Period
 50.00

Memo Item

C. League, Aimee, A, Dr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2904 Westcorp Blvd SW Ste 108

City Huntsville	State AL	Zip Code 35805-6437
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pathology Associates PC	Occupation (for Individual) Pathologist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2019
Transaction ID : SA11AI.57901

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 21
	<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. Lee, Darlene, M., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1200 N Beaver St
 City Flagstaff State AZ Zip Code 86001-3118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Flagstaff Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 18 / 2019
Transaction ID : SA11AI.57935
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Lomba, Fernando, L, Dr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Department of Pathology 809 E Marion Ave
 City Punta Gorda State FL Zip Code 33950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Charlotte Regional Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 22 / 2019
Transaction ID : SA11AI.57949
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Martinez, Antonio, Enrique, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1234 Country Club Prado
 City Coral Gables State FL Zip Code 33134-2182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Palmetto General Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 18 / 2019
Transaction ID : SA11AI.57930
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1450.00
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 10 OF 21
<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. Minkowitz, Gerald, , Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 904 49th St

City Brooklyn	State NY	Zip Code 11219-2922
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cellnetix Pathology and Laboratories	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
11	/	08	/	2019

Transaction ID : SA11AI.57906

Amount of Each Receipt this Period
250.00

Memo Item

B. Newby, John, G, Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Path
11110 Medical Campus Rd Ste 230

City Hagerstown	State MD	Zip Code 21742-6727
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Meritus Health	Occupation (for Individual) Pathologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2019

Transaction ID : SA11AI.57940

Amount of Each Receipt this Period
500.00

Memo Item

C. Odronic, Shelley, , Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4948 Shoshone Trail

City Lima	State OH	Zip Code 45805
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cleveland Clinic	Occupation (for Individual) Pathologist
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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
11	/	26	/	2019

Transaction ID : SA11AI.57978

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 11 OF 21
<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. Ogburn, James, , Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 134 Rosedale Dr

City Athens	State TX	Zip Code 75751-3625
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eastern Texas Pathology	Occupation (for Individual) Pathologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2019

Transaction ID : SA11AI.57902

Amount of Each Receipt this Period
250.00

Memo Item

B. Romano, Patricia, R, Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 113 Buxton Rd

City Bedford Hills	State NY	Zip Code 10507-2310
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Unaffiliated	Occupation (for Individual) Pathologist
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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
11	/	22	/	2019

Transaction ID : SA11AI.57952

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
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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 ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2019

Transaction ID : SA11AI.57948

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
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 12 OF 21
<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. Walker, Bruce, Franklin, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1968 Peach Tree Rd NE
 77 Bldg 4th Fl
 City Atlanta State GA Zip Code 30309-1281
 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 ▼ 500.00

Date of Receipt 11 / 18 / 2019
Transaction ID : SA11AI.57932
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Wedemeyer, Gerald, Thomas, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Lab
 327 Medical Park Dr
 City Bridgeport State WV Zip Code 26330-9006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Hospital Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 25 / 2019
Transaction ID : SA11AI.57960
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Wojno, Kirk, J, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31157 Woodward Ave
 City Royal Oak State MI Zip Code 48073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Comprehensive Urology Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 08 / 2019
Transaction ID : SA11AI.57910
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 21
<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Worsham Jr, George, F, Dr., MD

Mailing Address Dept of Path
316 Calhoun St

City Charleston State SC Zip Code 29401-1125

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

Name of Employer (for Individual) Roper Hosp Occupation (for Individual) Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 08 / 2019

Transaction ID : SA11AI.57905

Amount of Each Receipt this Period
250.00

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
MM / DD / YYYY

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	8700.00

**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 / D D / Y Y Y Y Y Y
11 / 21 / 2019

FEC Identification Number

C

Transaction ID : SB21B.57897

Amount of Each Disbursement this Period

80.00

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 / 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 / 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)..... ▶

80.00

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

80.00

**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. BARRAGAN FOR CONGRESS

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: CA District: 44

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2019

FEC Identification Number

C C00577353

Transaction ID : SB23.57866

Amount of Each Disbursement this Period

1000.00

Memo Item

B. CHESAPEAKE PAC

Full Name (Last, First, Middle Initial)

Mailing Address 617 E CUSTIS AVENUE

City ALEXANDRIA State VA Zip Code 22301

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
11 / 19 / 2019

FEC Identification Number

C C00338756

Transaction ID : SB23.57869

Amount of Each Disbursement this Period

1000.00

Memo Item

C. CITIZENS FOR BOYLE

Full Name (Last, First, Middle Initial)

Mailing Address 1701 16TH STREET, NW #121

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: PA District: 02

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2019

FEC Identification Number

C C00543363

Transaction ID : SB23.57871

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. DR KIM SCHRIER FOR CONGRESS

Mailing Address PO BOX 2728

City
ISSAQUAH

State
WA

Zip Code
98027

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: WA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2019			

FEC Identification Number

C C00652628

Transaction ID : SB23.57873

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN THUNE

Mailing Address 4741 CENTRAL STREE
SUITE 444

City
KANSAS CITY

State
MO

Zip Code
64112

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: SD District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2019			

FEC Identification Number

C C00409581

Transaction ID : SB23.57875

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF ROY BLUNT

Mailing Address ONE CONSTITUTION AVE, NE
SUITE 300

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: MO District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2019			

FEC Identification Number

C C00304758

Transaction ID : SB23.57876

Amount of Each Disbursement this Period

1500.00

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. GEORGE HOLDING FOR CONGRESS

Mailing Address PO BOX 15239

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: NC District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2019			

FEC Identification Number

C C00499236

Transaction ID : SB23.57877

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. 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
11			19			2019			

FEC Identification Number

C C00445023

Transaction ID : SB23.57878

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JEFFRIES 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: NY District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2019			

FEC Identification Number

C C00503052

Transaction ID : SB23.57879

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. MCCONNELL FOR SENATE COMMITTEE

Mailing Address P.O. BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2019

FEC Identification Number

C C00193342

Transaction ID : SB23.57882

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. RE-ELECT MCGOVERN COMMITTEE

Mailing Address 80 M 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: MA District: 02

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2019

FEC Identification Number

C C00285171

Transaction ID : SB23.57884

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. RON ESTES FOR CONGRESS

Mailing Address 611 PENNSYLVANIA AVE, SE #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: 04

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2019

FEC Identification Number

C C00632067

Transaction ID : SB23.57885

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)..... ▶

7000.00

**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. ROSEN FOR NEVADA

Mailing Address 600 PENNSYLVANIA AVE, SE
#15845

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NV District: 00

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2019			

FEC Identification Number

C C00606939

Transaction ID : SB23.57887

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TEXANS FOR SENATOR JOHN CORNYN INC.

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
State: TX District: 00

Disbursement For: 2020
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2019			

FEC Identification Number

C C00369033

Transaction ID : SB23.57889

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. THOM TILLIS COMMITTEE

Mailing Address PO BOX 97396

City
RALEIGH

State
NC

Zip Code
27624

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NC District: 00

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2019			

FEC Identification Number

C C00545772

Transaction ID : SB23.57891

Amount of Each Disbursement this Period

1500.00

Memo Item

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

3500.00

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. VAN TAYLOR CAMPAIGN

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: TX District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2019			

FEC Identification Number

C C00653634

Transaction ID : SB23.57894

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. WENSTRUP FOR CONGRESS

Mailing Address 1006 PENDLETON STREET

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: OH District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2019			

FEC Identification Number

C C00497818

Transaction ID : SB23.57896

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).....▶

23000.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input checked="" 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. GEORGIANS FOR ISAKSON		Date of Disbursement MM / DD / YYYY 11 / 26 / 2019	
Mailing Address POST OFFICE BOX 250116			
City ATLANTA	State GA	Zip Code 30325	
Purpose of Disbursement Refund for General 2022		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number C C00384693 Transaction ID : SB28B.57865 Amount of Each Disbursement this Period - 2000.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: GA District: 00	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number C	
Amount of Each Disbursement this Period		- 2000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number C	
Amount of Each Disbursement this Period		- 2000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	- 2000.00
TOTAL This Period (last page this line number only).....▶	- 2000.00