

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)

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☒ 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

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

A. Valentino, Leonard, A, Dr, MD

Mailing Address 105A Cooper Ct

City
Los Gatos

State
CA

Zip Code
95032-7604

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Associated Path Med Group, Inc

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
03 / 16 / 2020

Transaction ID : SA11AI.58426

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Wallace, Timothy, M, Dr., MD

Mailing Address 17010 Sanctuary Trl

City
Brookfield

State
WI

Zip Code
53005-5751

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Aurora Medical Center - Summit

Occupation (for Individual)
Pathologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 04 / 2020

Transaction ID : SA11AI.58379

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Ward, Stephen, Christopher, Dr., MD, PhD

Mailing Address Annenberg Bldg/Dept of Path
One Gustave L Levy Place

City
New York

State
NY

Zip Code
10029-6500

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mt. Sinai School of Medicine

Occupation (for Individual)
Pathologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 10 / 2020

Transaction ID : SA11AI.58399

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1750.00