

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 / 2025 through [MM] / [DD] / [YYYY] 06 / 30 / 2025

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 Valdes, C. Leilani, , Dr.,

Signature of Treasurer Valdes, C. Leilani, , Dr., Date [MM] / [DD] / [YYYY] 03 / 27 / 2026

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)

Page 2

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="2025"/> | <input type="text"/> | <input type="text" value="171579.33"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="234638.70"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="3997.06"/> | <input type="text" value="148855.96"/> |
| (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="238635.76"/> | <input type="text" value="320435.29"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="34045.51"/> | <input type="text" value="115845.04"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="204590.25"/> | <input type="text" value="204590.25"/> |
| 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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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)..... | 3301.65 | 132114.93 |
| (ii) Unitemized | 695.41 | 16741.03 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 3997.06 | 148855.96 |
| (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) | 3997.06 | 148855.96 |
| 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)).....▶ | 3997.06 | 148855.96 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 3997.06 | 148855.96 |

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 | 45.51 | 845.04 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 45.51 | 845.04 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 34000.00 | 115000.00 |
| 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)) .. | 34045.51 | 115845.04 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 34045.51 | 115845.04 |

DETAILED SUMMARY PAGE
of Disbursements

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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) | 3997.06 | 148855.96 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 3997.06 | 148855.96 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 45.51 | 845.04 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 45.51 | 845.04 |

**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 18 |
| <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. Anthony, Lauren, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2800 10th Ave S Ste 2000
 City Minneapolis State MN Zip Code 55407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allina Med Labs Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 26 / 2025
Transaction ID : SA11AI.64913
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Atkinson, Janis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3514 Riverside Dr
 City Wilmette State IL Zip Code 60091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Prime St Francis Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 17 / 2025
Transaction ID : SA11AI.64891
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Beavis, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 311 W Belden Ave
 City Chicago State IL Zip Code 60614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Chicago Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 24 / 2025
Transaction ID : SA11AI.64901
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1250.00 |
| 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 18 |
| | <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 | |

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

A. Bryce, Clare, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 390 Linnet Way
 City Washoe Valley State NV Zip Code 89704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Washoe County Medical Examiner and Cor Occupation (for Individual) Medical Examiner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2025
Transaction ID : SA11AI.64883
 Amount of Each Receipt this Period
 41.66
 Memo Item

B. Cooper, Thomas, , ,
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Thomas J Cooper Jr MD Inc 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 / 24 / 2025
Transaction ID : SA11AI.64899
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Giffler, Ronald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5501 SW 70th Ave
 City Davie State FL Zip Code 33314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FirstPath LLC 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
 06 / 18 / 2025
Transaction ID : SA11AI.64892
 Amount of Each Receipt this Period
 250.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 391.66 |
| 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 18 |
| | <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 | |

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

A. Hurwitz, Herman, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1137 Laurel Oak Road
 City Voorhees State NJ Zip Code 08043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Quest Diagnostics Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 02 / 2025
Transaction ID : SA11AI.64916
 Amount of Each Receipt this Period 250.00
 Memo Item
 Pathologist

B. Kressin, Megan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5600 Shoalwood Ave
 City Austin State TX Zip Code 78756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oculus Pathology Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.66

Date of Receipt 06 / 02 / 2025
Transaction ID : SA11AI.64880
 Amount of Each Receipt this Period 83.33
 Memo Item

C. McCarthy, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Belaire Drive
 City Pueblo State CO Zip Code 81001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Parkview Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 22 / 2025
Transaction ID : SA11AI.64896
 Amount of Each Receipt this Period 500.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 833.33 |
| 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 18 |
| <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. McDonald, Kristin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1001 G Street, Suite 425 W
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) College of American Pathologists Occupation (for Individual) Employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 11 / 2025
Transaction ID : SA11AI.64889
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Mitchell Richards, Kisha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 94 Gun Club Rd
 City Stamford State CT Zip Code 06903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greenwich Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 20 / 2025
Transaction ID : SA11AI.64918
 Amount of Each Receipt this Period 75.00
 Memo Item
 Pathologist

C. Moore, Byron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 W Monteagle Cir
 City Spring State TX Zip Code 77382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Houston Methodist The Woodlands Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 02 / 2025
Transaction ID : SA11AI.64882
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 410.00 |
| 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 18 |
| | <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 | |

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

A. Valdes, C. Leilani, , ,
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regional Pathology Associates Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 06 / 24 / 2025
Transaction ID : SA11AI.64898
 Amount of Each Receipt this Period 166.66
 Memo Item

B. Wedemeyer, Gerald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 327 Medical Park Dr
 City Bridgeport State WV Zip Code 26330
 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 06 / 19 / 2025
Transaction ID : SA11AI.64893
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Zimmerman, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 430 Buckingham Dr
 City Indianapolis State IN Zip Code 46208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Indiana University School of Medicine Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 24 / 2025
Transaction ID : SA11AI.64897
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 416.66 |
| TOTAL This Period (last page this line number only)..... | 3301.65 |

**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. Truist Bank

Mailing Address 214 N. Tryon St.

City
Charlotte

State
NC

Zip Code
28202

Purpose of Disbursement

Bank Fees

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 |
| 0 | 6 | | 3 | 0 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C []

Transaction ID : SB21B.64919

Amount of Each Disbursement this Period

[] 45.51 []

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

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

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)..... ▶

[] 45.51 []

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

[] 45.51 []

**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. BALDERSON FOR CONGRESS

Mailing Address PO BOX 571
850 TWIN RIVERS DR

City COLUMBUS State OH Zip Code 43216

Purpose of Disbursement
contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: OH District: 12

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2025

FEC Identification Number

C C00662650

Transaction ID : SB23.64923

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BARRASSO VICTORY

Mailing Address 901 N WASHINGTON ST
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
contribution

011
Category/
Type

Candidate Name

BARRASSO VICTORY

Office Sought: House
 Senate
 President
State: WY District:

Disbursement For: 2025
 Primary General
 Other (specify) Other

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2025

FEC Identification Number

C C00764373

Transaction ID : SB23.64921

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City BANGOR State ME Zip Code 04402

Purpose of Disbursement
contribution

011
Category/
Type

Candidate Name

COLLINS FOR SENATOR

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

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2025

FEC Identification Number

C C00314575

Transaction ID : SB23.64945

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

7500.00

**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. DIRIGO PAC

Mailing Address PO BOX 1355

City
ALEXANDRIA

State
VA

Zip Code
22313

Purpose of Disbursement
contribution

011

Category/
Type

Candidate Name
DIRIGO PAC

Office Sought: House
 Senate
 President

State: ME District:

Disbursement For: 2025
 Primary General
 Other (specify) Other

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 9 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00391797

Transaction ID : SB23.64943

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

B. DOGETT FOR CONGRESS

Mailing Address PO BOX 5843

City
AUSTIN

State
TX

Zip Code
78763

Purpose of Disbursement
contribution

011

Category/
Type

Candidate Name
DOGETT, LLOYD, , ,

Office Sought: House
 Senate
 President

State: TX District: 37

Disbursement For: 2026
 Primary General
 Other (specify)

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 2 | 6 | | 2 | 0 | 2 | 6 |

FEC Identification Number

C C00286500

Transaction ID : SB23.64953

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

C. DR JOHN JOYCE FOR CONGRESS

Mailing Address 1002 LOGAN BLVD
STE 114 #237

City
ALTOONA

State
PA

Zip Code
16602

Purpose of Disbursement
contribution

011

Category/
Type

Candidate Name
JOYCE, JOHN, , ,

Office Sought: House
 Senate
 President

State: PA District: 13

Disbursement For: 2026
 Primary General
 Other (specify)

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 9 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00674259

Transaction ID : SB23.64941

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

Memo Item

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

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

| | | | | | |
|---|---|---|---|---|---|
| 7 | 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. DWIGHT EVANS FOR CONGRESS

Mailing Address PO BOX 6578

City
PHILADELPHIA

State
PA

Zip Code
19138

Purpose of Disbursement
contribution

011

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: PA District: 03

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 2 | 6 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00591065

Transaction ID : SB23.64951

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. JUDY CHU FOR CONGRESS

Mailing Address 16633 VENTURA BLVD # 1008

City
ENCINO

State
CA

Zip Code
91436

Purpose of Disbursement
contribution

011

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify)

State: CA District: 28

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 9 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00458125

Transaction ID : SB23.64932

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. KATHERINE CLARK MAJORITY FUND

Mailing Address 600 PENNSYLVANIA AVE SE #15180

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
contribution

011

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2025
 Primary General
 Other (specify) ▼
Other

State: MA District: 05

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 2 | 6 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00831669

Transaction ID : SB23.64949

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. KENNEDY FOR CONGRESS

Mailing Address PO BOX 536

City
BUFFALO

State
NY

Zip Code
14201

Purpose of Disbursement
contribution

011
Category/
Type

Candidate Name
KENNEDY, TIMOTHY, , ,

Office Sought: House
 Senate
 President
State: NY District: 26

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2025

FEC Identification Number

C00856526

Transaction ID : SB23.64961

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LANDSMAN FOR CONGRESS

Mailing Address P.O. BOX 68033

City
CINCINNATI

State
OH

Zip Code
45206

Purpose of Disbursement
contribution

011
Category/
Type

Candidate Name
LANDSMAN, GREG, , ,

Office Sought: House
 Senate
 President
State: OH District: 01

Disbursement For: 2026
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2025

FEC Identification Number

C00800276

Transaction ID : SB23.64959

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LORI TRAHAN FOR CONGRESS COMMITTEE

Mailing Address PO BOX 1161

City
LOWELL

State
MA

Zip Code
01853

Purpose of Disbursement
contribution

011
Category/
Type

Candidate Name
TRAHAN, LORI, , ,

Office Sought: House
 Senate
 President
State: MA District: 03

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2025

FEC Identification Number

C00655647

Transaction ID : SB23.64939

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. LUJAN VICTORY FUND

Mailing Address 611 PENNSYLVANIA AVE SE
NUM 143

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement contribution 011 Category/Type

Candidate Name LUJAN VICTORY FUND

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼
State: NM District:

Date of Disbursement
MM / DD / YYYY
06 / 09 / 2025

FEC Identification Number
C C00720565
Transaction ID : SB23.64936
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MARC VEASEY CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address PO BOX 50084

City FORT WORTH State TX Zip Code 76105

Purpose of Disbursement contribution 011 Category/Type

Candidate Name VEASEY, MARC ALLISON, , ,

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼
State: TX District: 33

Date of Disbursement
MM / DD / YYYY
06 / 16 / 2025

FEC Identification Number
C C00506832
Transaction ID : SB23.64955
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MARKEY VICTORY FUND

Mailing Address PO BOX 69

City MEDFORD State MA Zip Code 02155

Purpose of Disbursement contribution 011 Category/Type

Candidate Name MARKEY VICTORY FUND

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼
State: MA District:

Date of Disbursement
MM / DD / YYYY
06 / 09 / 2025

FEC Identification Number
C C00698340
Transaction ID : SB23.64934
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. ONDER FOR CONGRESS

Mailing Address 2025 ZUMBEHL RD #35

City SAINT CHARLES

State MO

Zip Code 63303

Purpose of Disbursement contribution

011

Candidate Name

ONDER, ROBERT FOR JR., , ,

Category/Type

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: MO District: 03

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2025

FEC Identification Number

C C00870238

Transaction ID : SB23.64965

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. RICHARD E NEAL FOR CONGRESS COMMITTEE

Mailing Address 76 MAGNOLIA TERRACE

City SPRINGFIELD

State MA

Zip Code 01108

Purpose of Disbursement contribution

011

Candidate Name

NEAL, RICHARD E., , ,

Category/Type

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: MA District: 01

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2025

FEC Identification Number

C C00226522

Transaction ID : SB23.64947

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City MADISON

State WI

Zip Code 53701

Purpose of Disbursement contribution

011

Candidate Name

BALDWIN, TAMMY, , ,

Category/Type

Office Sought: House Senate President

Disbursement For: 2030 Primary General Other (specify) ▼

State: WI District: 00

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2025

FEC Identification Number

C C00326801

Transaction ID : SB23.64930

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

34000.00