

# **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 20

(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

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

A. Fowkes, Mary, Elizabeth, Dr., MD, PhD

Mailing Address 28 Elm Rd

City  
KatonahState  
NYZip Code  
10536-1308FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Medical CenterOccupation (for Individual)  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 27 / 2019

Transaction ID : SA11AI.57627

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. Green, Emily, Ann, Dr., MD

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 CtrOccupation (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 Y  
07 / 17 / 2019

Transaction ID : SA11AI.57613

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

c. Haberman, Phillip, J, Dr., MD

Mailing Address 314 W 7th Ave

City

Cheyenne

State

WY

Zip Code

82001-1256

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AnaPath Diagnostics, IncOccupation (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 Y  
07 / 09 / 2019

Transaction ID : SA11AI.57596

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

750.00

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