

# 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**  
American Podiatric Medical Association Political Action Committee

ADDRESS (number and street) 9312 Old Georgetown Road  
Check if different than previously reported. (ACC) Bethesda MD 20814-1621

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00008839 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] / [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] / [D D] / [Y Y Y Y Y Y] in the State of [ ]

5. Covering Period [02] / [01] / [2023] through [02] / [28] / [2023]

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
McCann, William, N., Dr.,  
Type or Print Name of Treasurer

Signature of Treasurer *McCann, William, N., Dr.* [Electronically Filed] Date [03] / [09] / [2023]

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

American Podiatric Medical Association 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="2023"/>		<input type="text" value="216787.48"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="248669.20"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="62831.84"/>	<input type="text" value="95642.34"/>
(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="311501.04"/>	<input type="text" value="312429.82"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1266.05"/>	<input type="text" value="2194.83"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="310234.99"/>	<input type="text" value="310234.99"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: 02 / 01 / 2023 To: 02 / 28 / 2023

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).....	41075.00	68441.66
(ii) Unitemized .....	16756.84	22200.68
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	57831.84	90642.34
(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) .....	57831.84	90642.34
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.....	5000.00	5000.00
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)).....▶	62831.84	95642.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	62831.84	95642.34

**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 .....	1266.05	2194.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1266.05	2194.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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)) ..	1266.05	2194.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1266.05	2194.83

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	57831.84	90642.34
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	57831.84	90642.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1266.05	2194.83
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1266.05	2194.83

**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 36
<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)  
**American Podiatric Medical Association Political Action Committee**

**A. Alper, David, B., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Patriot Rd

City Burlington	State MA	Zip Code 01803-1509
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	02	/	2023

**Transaction ID : A53DD91CDB0F74217B50**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Arguas, Rosario, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2410 Commerce Trl.

City Imperial	State CA	Zip Code 92251-4003
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

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
02	/	16	/	2023

**Transaction ID : A943652E9958745EBAAE**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Beaver, Bart, D., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Weil Foot & Ankle Clinics  
15531 127th St.

City Lemont	State IL	Zip Code 60439-8555
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Weil Foot and Ankle Clinics	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2023

**Transaction ID : AD7CE82A003794D0D8C9**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1800.00
<b>TOTAL</b> 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 36
<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)  
**American Podiatric Medical Association Political Action Committee**

**A. Belis, Andrew, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1538 S.W. 49th Ter.  
 City Cape Coral State FL Zip Code 33914-6933  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 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  
 02 / 01 / 2023  
**Transaction ID : AAF95A2E4CC4D456894D**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Berlin, Steven, J., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6501 Red Hood Plz. #152  
 City St Thomas State VI Zip Code 00802-1373  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 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  
 02 / 13 / 2023  
**Transaction ID : A2637E1C07A8940F884C**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Block, Mark, S., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 660 Glades Rd. #120  
 City Boca Raton State FL Zip Code 33431-6466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 07 / 2023  
**Transaction ID : A14591E2F39AA466B864**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.00
<b>TOTAL</b> 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 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Podiatric Medical Association Political Action Committee**

**A. Borovoy, Marc, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Associated Podiatrists  
 26750 Providence Pkwy. #130

City Novi State MI Zip Code 48374-1211

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

Name of Employer (for Individual) Associated Podiatrists Occupation (for Individual) Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 26 / 2023  
**Transaction ID : A5D00C335E5C4421E9C9**

Amount of Each Receipt this Period 1000.00

Memo Item

**B. Branks, Diane, D., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Diane D. Branks, DPM  
 9 La Torre Drive

City Pomona State CA Zip Code 91766-4876

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

Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual) Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 16 / 2023  
**Transaction ID : A46C1817AFD7441DC92E**

Amount of Each Receipt this Period 500.00

Memo Item

**C. Branwell, John, P., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 37 Seeley Ave.

City Kearny State NJ Zip Code 07032-1806

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

Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 25 / 2023  
**Transaction ID : A5FC3C237A93E412998C**

Amount of Each Receipt this Period 300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1800.00
<b>TOTAL</b> 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 9 OF 36
(check only one)	
<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Podiatric Medical Association Political Action Committee**

**A. Caporusso, Joseph, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Complete Family Foot Care  
 812 Lindberg Ave.  
 City McAllen State TX Zip Code 78501-2930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Futuro Clinical Trials Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt **02 / 28 / 2023**  
**Transaction ID : A714C58B7363649D7822**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item

**B. Christina, James, R., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9312 Old Georgetown Road  
 City Bethesda State MD Zip Code 20814-1621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) APMA Occupation (for Individual) Executive Director/CEO  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt **02 / 07 / 2023**  
**Transaction ID : A3564FEB43C61434A87A**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

**C. Cooper, Gregory, L., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8033 Paseo Del Ocaso  
 City La Jolla State CA Zip Code 92037-3232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt **02 / 16 / 2023**  
**Transaction ID : A1DB3164676C64E51A54**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1600.00</b>
<b>TOTAL</b> 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 36
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Podiatric Medical Association Political Action Committee**

**A. Cooper, Ruth, Ann, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4415 Aicholtz Rd. #200  
 City Cincinnati State OH Zip Code 45245-1506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 21 / 2023**  
**Transaction ID : ADD2EB0FADC5A4F30AF**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. Cornelison, Michael, Joseph, Dr., DPM**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Foot and Ankle Assoc. 10353 Torre Ave. #C  
 City Cupertino State CA Zip Code 95014-3217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Foot and Ankle Associates Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 12 / 2023**  
**Transaction ID : A8099FE2C46D343D291B**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

**C. Courtney, Stuart, Alan, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1250 E Hallandale Beach Blvd Ste 1005A  
 City Hallandale Beach State FL Zip Code 33009-4636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 19 / 2023**  
**Transaction ID : A371D1D58D7394E2E866**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2500.00</b>
<b>TOTAL</b> 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 36
	<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)  
**American Podiatric Medical Association Political Action Committee**

**A. Dabdoub, William, H., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Ayshire Ct.

City Slidell	State LA	Zip Code 70461-5034
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Slidell Memorial Hospital	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2023

**Transaction ID : A4D13145FD931491C967**

Amount of Each Receipt this Period  
150.00

Memo Item

**B. Dahdah, John, P., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Foot & Ankle Health Group  
933 N. Charlotte St. #2C

City Pottstown	State PA	Zip Code 19464-5504
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Foot & Ankle Health Group	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2023

**Transaction ID : A4AB6788C0DE244B6A35**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Dalling, Derek, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 629 W. Hillsdale St.

City Lansing	State MI	Zip Code 48933-2216
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Michigan Podiatric Medical Assn.	Occupation (for Individual) Executive Director
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2023

**Transaction ID : A05ED305ECCA4426E842**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1450.00
<b>TOTAL</b> 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 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Podiatric Medical Association Political Action Committee**

**A. Davis, Imaze, Marian, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1190 NW 95th St  
Ste 401

City Miami State FL Zip Code 33150-2067

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

Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 04 / 2023  
**Transaction ID : A500A5A75ABFC4C1C971**

Amount of Each Receipt this Period 500.00

Memo Item

**B. Deheer, Patrick, A., Dr., DPM**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Hoosier Foot & Ankle  
1159 W. Jefferson St. #204

City Franklin State IN Zip Code 46131-2108

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

Name of Employer (for Individual) St. Vincent Hospital Occupation (for Individual) Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 02 / 03 / 2023  
**Transaction ID : A73DD653DE8F74B4489A**

Amount of Each Receipt this Period 2500.00

Memo Item

**C. Eisner, Richard, S., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 55 Highland Ave. #103

City Salem State MA Zip Code 01970-2100

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

Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 17 / 2023  
**Transaction ID : ADA7EEA8B7C004CA88A3**

Amount of Each Receipt this Period 500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<b>TOTAL</b> 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 13 OF 36
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Podiatric Medical Association Political Action Committee**

**A. Elliott, Denise, Lea, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Foot & Ankle Center  
1111 Medical Center Blvd. #N507

City Marrero	State LA	Zip Code 70072-3156
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Foot & Ankle Center	Occupation (for Individual) Podiatric Physician
--	--

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
02		28		2023

**Transaction ID : AFF979170EB7C4D748C3**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Emini, Diana, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address DM Foot & Ankle Associates  
14236 McCarthy Rd.

City Lemont	State IL	Zip Code 60439
----------------	-------------	-------------------

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

Name of Employer (for Individual) DM Foot & Ankle Associates	Occupation (for Individual) Podiatric Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2023

**Transaction ID : AFC616D0B3D4B40E3ACB**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Evans, Richard, L., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 39755 Murrieta Hot Springs Rd. #D1

City Murrieta	State CA	Zip Code 92563-9110
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2023

**Transaction ID : AA739B6863973447FBF8**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> 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 14 OF 36
	<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)  
**American Podiatric Medical Association Political Action Committee**

**A. Farah, Ahmad, R., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Farah Medical Clinic  
2105 West Rd.

City Trenton	State MI	Zip Code 48183-3897
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Ahmad Farah DPM PC	Occupation (for Individual) Podiatric Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 24 / 2023

**Transaction ID : A220939B2EEE6420FB82**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Frederick, Jeffrey, H., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30005 Forest Dr.

City Franklin	State MI	Zip Code 48025-1580
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 26 / 2023

**Transaction ID : A6A06A5B86CF84F86B57**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Frisch, Dennis, R., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Boca Raton Podiatry  
950 Glades Rd. #2A

City Boca Raton	State FL	Zip Code 33431-6401
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Boca Raton Podiatry	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 02 / 2023

**Transaction ID : A219532E4CE7D42C199A**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> 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 15 OF 36
<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)  
**American Podiatric Medical Association Political Action Committee**

**A. Garoufalis, Matthew, G., Dr., DPM**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1933 Hansom Ct.  
 City Naperville State IL Zip Code 60565-2629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PFCS, PC Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 06 / 2023**  
**Transaction ID : AECC6A48ED80B49A98F5**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Glynn, Angie, Lynn, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4343 N. 600 E.  
 City Franklin State IN Zip Code 46131-7865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 13 / 2023**  
**Transaction ID : AA209FCA474FC4E7A80B**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Green, Tyson, E., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Center for Orthopaedics 1747 Imperial Blvd.  
 City Lake Charles State LA Zip Code 70605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Center for Orthopaedics Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **02 / 11 / 2023**  
**Transaction ID : A6426E954BF93410C934**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1800.00
<b>TOTAL</b> 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 16 OF 36
	<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)  
**American Podiatric Medical Association Political Action Committee**

**A. Guadron, Diane, Koshimune, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Kaiser Permanente - San Jose  
 270 International Cir. POD. DEPT.  
 City San Jose State CA Zip Code 95119-1130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kaiser Permanente San Jose Occupation (for Individual) Podiatric Physician  
 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  
 02 / 25 / 2023  
**Transaction ID : A38EEA5A8B7C04B128EF**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Haves, Bradley, Charles, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 815 N.W. 57th Ave. #130  
 City Miami State FL Zip Code 33126-2041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 03 / 2023  
**Transaction ID : AA7CE05F0F4EC4A29817**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Heller, Jon, Ian, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 384 Union Blvd.  
 City Totowa State NJ Zip Code 07512-2561  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 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  
 02 / 22 / 2023  
**Transaction ID : AD38AED374C4A4718B91**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> 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 17 OF 36
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Podiatric Medical Association Political Action Committee**

**A. Holmes, Crystal, Murray, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 674 Brookmill Ct.  
 City Canton State MI Zip Code 48188-3049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 25 / 2023  
**Transaction ID : AD2DD8DB2CB9B4980B8E**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Hughes, Scott, E., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Foot & Ankle Specialists, PC 1042 N. Monroe St.  
 City Monroe State MI Zip Code 48162-3113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 25 / 2023  
**Transaction ID : AE7189E61359A4D25825**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Hultman, Jon, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7311 Greenhaven Dr. #208  
 City Sacramento State CA Zip Code 95831-3586  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) California Podiatric Medical Associati Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 25 / 2023  
**Transaction ID : AC73FF53B91BD45E3B91**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> 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 18 OF 36
<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)  
**American Podiatric Medical Association Political Action Committee**

**A. Husain, Zeeshan, Shahriar, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3834 Mesa Dr.  
 City Troy State MI Zip Code 48083-6509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Great Lakes Foot and Ankle Institute Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 13 / 2023  
**Transaction ID : A54EBCDCDF044D35864**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Iannacone, Robert, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Iannacone Podiatry 691 S.W. Port St. Lucie Blvd.  
 City Port Saint Lucie State FL Zip Code 34953-1998  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Iannacone Podiatry Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 02 / 2023  
**Transaction ID : A650ACF78001848D0897**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Ivey, Nathan, D., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address NM Foot & Ankle Institute 4343 Pan American Fwy. N.E. #234  
 City Albuquerque State NM Zip Code 87107-6834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Mexico Foot & Ankle Institute Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 07 / 2023  
**Transaction ID : A6513E06125F44A9793A**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> 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 19 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Podiatric Medical Association Political Action Committee**

**A. Jacob, Bruce, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4319 Foxpointe Dr.  
 City West Bloomfield State MI Zip Code 48323-2615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 24 / 2023  
**Transaction ID : A7633B701EC654CFDB45**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Johansen, Lyndon, G., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12658 S.E. Stark St.  
 City Portland State OR Zip Code 97233-1058  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 16 / 2023  
**Transaction ID : A2746EA008C1E43568DF**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Kaplan, Randy, K., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29355 Northwestern Hwy. #110  
 City Southfield State MI Zip Code 48034-1065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 02 / 24 / 2023  
**Transaction ID : AEF990E4EAC04A0C89E**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1025.00
<b>TOTAL</b> 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 20 OF 36
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Podiatric Medical Association Political Action Committee**

**A. Kaplan, Randy, K., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29355 Northwestern Hwy. #110

City Southfield	State MI	Zip Code 48034-1065
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1125.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2023

**Transaction ID : AAD4A9CE27B784C6EA19**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Kerbleski, Gerard, J., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Sandia Foot and Ankle of Albuquerque  
8224 Louisiana Blvd NE, Ste C

City Albuquerque	State NM	Zip Code 87113-2108
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Foot and Ankle Associates of NM	Occupation (for Individual) Podiatric Physician
--	--

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
02	/	21	/	2023

**Transaction ID : AD7CA1B4A79AD4E25A09**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Kim, Michelle, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address DM Foot & Ankle Assoc.  
14236 McCarthy Rd.

City Lemont	State IL	Zip Code 60439
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2023

**Transaction ID : A92E9DFB6B9124CACB81**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> 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 21 OF 36
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Podiatric Medical Association Political Action Committee**

**A. Kinley, Scarlett, Ann, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Bay Area Foot & Ankle  
321 S. Lincoln Ave.

City Clearwater State FL Zip Code 33756-5823

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

Name of Employer (for Individual) Bay Area Foot & Ankle Occupation (for Individual) Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 04 / 2023  
**Transaction ID : A44305C0CA7394B45AB7**

Amount of Each Receipt this Period 500.00

Memo Item

**B. Ladha, Zahid, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3544 Marquis Ct.

City Floyds Knobs State IN Zip Code 47119-9766

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

Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 03 / 2023  
**Transaction ID : A578A1FE86A7A4314A2C**

Amount of Each Receipt this Period 300.00

Memo Item

**C. Latter, Stephen, E., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 58 Village Loop Rd.

City Kalispell State MT Zip Code 59901-2793

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

Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 21 / 2023  
**Transaction ID : AB3EE9E5EE0164AC59C2**

Amount of Each Receipt this Period 500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.00
<b>TOTAL</b> 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 22 OF 36
	<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)  
**American Podiatric Medical Association Political Action Committee**

**A. Launer, Seth, Lee, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9936 Buckeye St NW

City Albuquerque	State NM	Zip Code 87114-5206
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Optum Medical Group	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		08		2023

**Transaction ID : AA390008B694E424A914**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Lefler, Vincent, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 377 Ditmar Ave.

City Pontiac	State MI	Zip Code 48341-2615
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Podiatric Physician
--	--

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
02		25		2023

**Transaction ID : AFD613B1195424C6C869**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Mansdorf, Neil, B., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 555 N Tustin St

City Orange	State CA	Zip Code 92867-7611
----------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

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
02		08		2023

**Transaction ID : AE1EE9A18AA0D45B9904**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> 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 23 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Podiatric Medical Association Political Action Committee**

**A. Mansky, David, Walter, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1127 W. State St. #5  
 City Hastings State MI Zip Code 49058-7777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **02 / 25 / 2023**  
**Transaction ID : A78548FE69CD0409EA57**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Markinson, Bryan, C., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Icahn School Of Medicine At Mount 5 E 98th St  
 City New York State NY Zip Code 10029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mount Sinai School of Medicine Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 03 / 2023**  
**Transaction ID : A73BDF86919DE4B0CAB4**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Mastay, Andrew, R., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 950 Hawthorne Rd.  
 City Grosse Pointe Woods State MI Zip Code 48236-1442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 24 / 2023**  
**Transaction ID : AEFA82924FCF8412883A**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> 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 24 OF 36
	<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)  
**American Podiatric Medical Association Political Action Committee**

**A. Mauney, C., Jeff, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 Montcliff Dr.  
 City Kings Mountain State NC Zip Code 28086-9758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Foothills Podiatry Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **02 / 16 / 2023**  
**Transaction ID : AFE3CDE5D77E649A5B52**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. McDonald, Terence, D., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 619 S Marion St  
 City Lake City State FL Zip Code 32025-5898  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NF/SG VA HEALTH Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 04 / 2023**  
**Transaction ID : A3F4E4768933A4CDC8AE**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**c. McGuire, Heather, Renee, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Pacific Foot & Ankle Care  
 3114 Telegraph Rd.#B  
 City Ventura State CA Zip Code 93003-3219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 25 / 2023**  
**Transaction ID : AD3A7451705FA49E6998**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.00
<b>TOTAL</b> 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 25 OF 36
<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)  
**American Podiatric Medical Association Political Action Committee**

**A. Miller, Stephen, R., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Suncoast Podiatry Associates  
3301 S. W. 34th Cir. #102

City Ocala	State FL	Zip Code 34474-6619
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Suncoast Podiatry Associates	Occupation (for Individual) Podiatric Physician
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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
02		03		2023

**Transaction ID : A647649E30BAE4EDC946**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Mistretta, Richard, Pat, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Affiliated Foot & Ankle  
3071 Peachtree Industrial Blvd. #1

City Duluth	State GA	Zip Code 30097-8607
----------------	-------------	------------------------

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

Name of Employer (for Individual) Affiliated Foot & Ankle, P.C.	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2023

**Transaction ID : AD69D23C5DB114CE7AB5**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Naasz, Eric, Brian, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 704 N. Harbor Blvd.

City Fullerton	State CA	Zip Code 92832-1520
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Fullerton Foot ans Ankle Specialists	Occupation (for Individual) Podiatric Physician
---	--

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
02		13		2023

**Transaction ID : ACA947F680A10472EA11**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> 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 26 OF 36
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**American Podiatric Medical Association Political Action Committee**

**A. Patel, Hemant, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3122 Barkhill Rd.

City Canton	State MI	Zip Code 48188
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Farah Podiatry Associates	Occupation (for Individual) Podiatric Physician
--	--

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
02	/	24	/	2023

**Transaction ID : A739AF211F02C4B81BF1**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Pickard, Laura, J., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Norridge Foot Clinic  
7325 W. Irving Park Rd.

City Chicago	State IL	Zip Code 60634-3547
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Norridge Foot Clinic	Occupation (for Individual) Podiatric Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	02	/	2023

**Transaction ID : A6841CE2DB1DE4D318AC**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Rawski, Robert, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address W239 N2344 Hawk's Meadow Ct.

City Waukesha	State WI	Zip Code 53188-1908
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ascension Medical Group	Occupation (for Individual) Podiatric Physician
--	--

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
02	/	19	/	2023

**Transaction ID : A8CF25D1B002644C4847**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> 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 27 OF 36
	<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)  
**American Podiatric Medical Association Political Action Committee**

**A. Raymond, Gary, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 711 Logan Blvd

City Altoona	State PA	Zip Code 16602-4165
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2023

**Transaction ID : A987543BC3D5440F3AAF**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Rogers, Diana, E., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 750 E. Terra Cotta Ave. #C

City Crystal Lake	State IL	Zip Code 60014-3621
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2023

**Transaction ID : A3109D9F3C0B94F35A12**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Rottier, Francis, John, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2160 S. 1st Ave.

City Maywood	State IL	Zip Code 60153-3328
-----------------	-------------	------------------------

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

Name of Employer (for Individual) LUHS/Hines VAMC	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2023

**Transaction ID : ADCB6545A33DF457A871**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1600.00
<b>TOTAL</b> 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 28 OF 36
	<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)  
**American Podiatric Medical Association Political Action Committee**

**A. Saeva, John, Thomas, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7111 N. Blue Angel Pkwy  
 Apt 4305  
 City Pensacola State FL Zip Code 32526-5054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Destin Podiatry Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 13 / 2023  
**Transaction ID : A6D26F1DDA2664583979**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Sanicola, Charles, P., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19511 Spring Valley Dr.  
 City Hagerstown State MD Zip Code 21742-2411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 21 / 2023  
**Transaction ID : AF34ED88E65864BB6A97**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Sanicola, Karen, F., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19511 Spring Valley Dr.  
 City Hagerstown State MD Zip Code 21742-2411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 21 / 2023  
**Transaction ID : A6C8EBDA107784DAABF8**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> 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 29 OF 36
<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)  
**American Podiatric Medical Association Political Action Committee**

**A. Schweibish, David, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 162 Whaler Dr.  
 City Melbourne Beach State FL Zip Code 32951-3961  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Coast & Sole Ankle Specialists Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 04 / 2023**  
**Transaction ID : A17850128260243B29CE**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Segall, Arthur, , Dr., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 201 N.W. 82nd Ave. #102  
 City Plantation State FL Zip Code 33324-1853  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Advanced Foot & Ankle Center of Weston Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 04 / 2023**  
**Transaction ID : AC0216E448C1147CDAE3**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**c. Shariff, Adnan, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 235 N.E. 19th Dr.  
 City Okeechobee State FL Zip Code 34972-1933  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **02 / 04 / 2023**  
**Transaction ID : A049429B02448403F8ED**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1550.00
<b>TOTAL</b> 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 30 OF 36
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Podiatric Medical Association Political Action Committee**

**A. Singer, Alan, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address University Podiatry Group  
 100 Medical Plaza Driveway #460  
 City Los Angeles State CA Zip Code 90024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 16 / 2023**  
**Transaction ID : AA5DA2FF1F5904544BB6**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. Smith, Cordell, Becker, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 734 Valley Rd.  
 City Roseburg State OR Zip Code 97471-8928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 23 / 2023**  
**Transaction ID : A6C9C7D2115A943C2A6F**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Summers, N., Jake, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 Sprague Mill Rd.  
 City Bedford State NH Zip Code 03110-4243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dartmouth-Hitchcock Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 25 / 2023**  
**Transaction ID : A6014BF78A0044DECB54**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1250.00</b>
<b>TOTAL</b> 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 31 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Podiatric Medical Association Political Action Committee**

**A. Ungar, David, S., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34435 Grand River Ave.  
 City Farmington State MI Zip Code 48335-3309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 25 / 2023  
**Transaction ID : A18E9081EA046489FAD6**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Vakil, Samir, S., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Foot & Ankle Centers of Charlotte 352 Milus St.  
 City Punta Gorda State FL Zip Code 33950-4552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Foot & Ankle Centers of Charlotte Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2023  
**Transaction ID : A7E3B7C67B93A4DBBBE6**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Vogt, Gregory, P., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12695 Eggert Rd.  
 City Dundee State MI Zip Code 48131-9501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Monroe Foot & Ankle Specialists PC Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 25 / 2023  
**Transaction ID : AD3740B4471DD4BB59E4**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> 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 32 OF 36
	<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)  
**American Podiatric Medical Association Political Action Committee**

**A. Vogt, Gregory, P., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12695 Eggert Rd.

City Dundee	State MI	Zip Code 48131-9501
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Monroe Foot & Ankle Specialists PC	Occupation (for Individual) Podiatric Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2023

**Transaction ID : AC56E1F3A887A40ABBFD**

Amount of Each Receipt this Period  
150.00

Memo Item

**B. Weiner, Paul, D., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Vallejo Foot & Ankle Clinic  
480 Redwood St. #10

City Vallejo	State CA	Zip Code 94590-2958
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Vallejo Foot & Ankle Clinic	Occupation (for Individual) Podiatric Physician
--	--

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
02		28		2023

**Transaction ID : AEFD1974EE77541B59DF**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Weiss, David, L., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Weiss Foot & Ankle Center  
777 S. White Horse Pk. #D1

City Hammonton	State NJ	Zip Code 08037
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Weiss Foot & Ankle Center	Occupation (for Individual) Podiatric Physician
--	--

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
02		22		2023

**Transaction ID : ABD21EE2BA6EE42F38AA**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> 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 33 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Podiatric Medical Association Political Action Committee**

**A. Werd, Matthew, B., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Foot & Ankle Associates  
 2939 S. Florida Ave.  
 City Lakeland State FL Zip Code 33803-4046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Foot & Ankle Associates Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 02 / 2023  
**Transaction ID : AA39123B249EF4A4A87B**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Westbrook, Billy, B., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2828 N. 4th St.  
 City Longview State TX Zip Code 75605-5718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2023  
**Transaction ID : A72BC0A2ACAE64EE1A63**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Wilson, Richard, C., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Melbourne Podiatry Associates  
 1515 Dr Martin Luther King Jr. Blv  
 City Melbourne State FL Zip Code 32901-2946  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Melbourne Podiatry Associates Occupation (for Individual) Podiatric Physician  
 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  
 02 / 03 / 2023  
**Transaction ID : A8769759C4A004DA6A9A**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> 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 34 OF 36
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Podiatric Medical Association Political Action Committee**

**A. Yeager, David, Alan, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Morrison Community Hospital  
 303 N. Jackson St.

City Morrison State IL Zip Code 61270-3042

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

Name of Employer (for Individual) KSB Medical Group/Foot & Ankle Cen Occupation (for Individual) Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **02 / 01 / 2023**  
**Transaction ID : AD62670457C824185A74**

Amount of Each Receipt this Period 300.00

Memo Item

**B. Zdancewicz, Alissa, Berner, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15302 Searobbin Dr.

City Lakewood Ranch State FL Zip Code 34202-5860

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

Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 04 / 2023**  
**Transaction ID : A7EB14AA9209447B3B4E**

Amount of Each Receipt this Period 1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.00
<b>TOTAL</b> This Period (last page this line number only).....	41075.00

# 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 35 OF 36
<input 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 checked="" type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Podiatric Medical Association Political Action Committee**

**A. Stabenow For Us Senate**

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

Mailing Address P.O. Box 4945

City East Lansing	State MI	Zip Code 48826-4945
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FEC ID number of contributing federal political committee. **C** C00344473

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	23	/	2023

**Transaction ID : AC3AF478DC0814DB39EE**

Amount of Each Receipt this Period  
5000.00

Memo Item  
Refund of 2024 General Election Donation

**B.**

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

Mailing Address

City	State	Zip Code
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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  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

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  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	5000.00

# 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)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. Square

Mailing Address 1455 Market Street, Suite 600

City  
San Francisco

State  
CA

Zip Code  
94103-1332

Purpose of Disbursement  
Bank Fees (credit card processing fees)

Candidate Name

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2023

FEC Identification Number

C

Transaction ID : B730F5A259f

Amount of Each Disbursement this Period

1078.92

Memo Item

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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:

Date of Disbursement

M M M	/	D 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:

<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:

Date of Disbursement

M M M	/	D 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).....▶

1078.92

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

1078.92