

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) 11400 Rockville Pike, Suite 220 Check if different than previously reported. (ACC) Rockville MD 20852-3004

2. FEC IDENTIFICATION NUMBER C C00008839 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 06 / 01 / 2024 through 06 / 30 / 2024

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 McCann, William, N., Dr.,

Signature of Treasurer McCann, William, N., Dr., Date 07 / 16 / 2024

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="2024"/>		101135.56
(b) Cash on Hand at Beginning of Reporting Period.....	108748.33	
(c) Total Receipts (from Line 19)	27029.93	142829.83
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	135778.26	243965.39
7. Total Disbursements (from Line 31).....	62254.63	170441.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	73523.63	73523.63
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: 06 / 01 / 2024 To: 06 / 30 / 2024

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).....	13370.76	103363.22
(ii) Unitemized	13657.66	38464.22
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	27028.42	141827.44
(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)	27028.42	141827.44
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1.51	2.39
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)).....▶	27029.93	142829.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	27029.93	142829.83

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	254.63	2891.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	254.63	2891.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	62000.00	167000.00
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	550.00
(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	550.00
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)) ..	62254.63	170441.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	62254.63	170441.76

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	27028.42	141827.44
34. Total Contribution Refunds (from Line 28(d))	0.00	550.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27028.42	141277.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	254.63	2891.76
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	254.63	2891.76

**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 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Abrahamsen, Thomas, , Dr.,			Date of Receipt MM / DD / YYYY 06 / 06 / 2024 Transaction ID : A10C60CA872314DB0883		
Mailing Address 129 Kings Hwy. N.			Amount of Each Receipt this Period 300.00		
City Westport	State CT	Zip Code 06880-2438	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Self-Employed		Occupation (for Individual) Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Andersen, Jane, Elizabeth, Dr.,			Date of Receipt MM / DD / YYYY 06 / 16 / 2024 Transaction ID : ABA02EE82EAD44B50AF4		
Mailing Address Chapel Hill Foot & Ankle Specialis 1506 E. Franklin St. #104			Amount of Each Receipt this Period 76.92		
City Chapel Hill	State NC	Zip Code 27514-3616	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Chapel Hill Foot & Ankle Assoc.		Occupation (for Individual) Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 307.72			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Belli, Richard, A., Dr.,			Date of Receipt MM / DD / YYYY 06 / 01 / 2024 Transaction ID : A29EE38FFE0F94EEFB4A		
Mailing Address 5010 Skillman Ave.			Amount of Each Receipt this Period 200.00		
City Woodside	State NY	Zip Code 11377-4156	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Self-Employed		Occupation (for Individual) Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 300.00			

SUBTOTAL of Receipts This Page (optional).....▶	576.92
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 37
	<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. Buksh, Ahmed, Bilal, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Edmond/Norman Foot & Ankle Clinic**
 2553 S. Kelly Ave. #100.

City **Edmond** State **OK** Zip Code **73013-3894**

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 **06 / 20 / 2024**
Transaction ID : A25A2CAE886CD4DBB83C

Amount of Each Receipt this Period **300.00**

Memo Item

B. Churchwell, Charles, S., Dr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **P.O. Box 803347**

City **Dallas** State **TX** Zip Code **75380-3347**

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 **06 / 12 / 2024**
Transaction ID : A01A4C5D02DCC494AAFE

Amount of Each Receipt this Period **300.00**

Memo Item

C. Cisco, Rudolf, W., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **1224 Sherwood Park Dr.**

City **Gainesville** State **GA** Zip Code **30501-3445**

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 **06 / 06 / 2024**
Transaction ID : A1755A0CDFDDB4339B56

Amount of Each Receipt this Period **500.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1100.00
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: PAGE 8 OF 37
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Cohen, Terri, R., Dr.,

Mailing Address **Little Rock Foot Clinic**
424 N. University Ave. #9

City **Little Rock** State **AR** Zip Code **72205-3109**

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

Name of Employer (for Individual) **Little Rock Foot Clinic** Occupation (for Individual) **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 04 / 2024

Transaction ID : AD93ACBBA9CA9496E95E

Amount of Each Receipt this Period
300.00

Memo Item

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

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) **Retired** Occupation (for Individual) **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 18 / 2024

Transaction ID : A941BA1B129D240268B7

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. D'Amico, Joseph, C., Dr.,

Mailing Address **333 W. 57th St. #1G**

City **New York** State **NY** Zip Code **10019-3115**

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
06 / 04 / 2024

Transaction ID : A91C1D891D5A84603B63

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **650.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 37
	<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. Dellinger, Richard, Alexander, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6579 Westminster
 City Benton State AR Zip Code 72019-6660
 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
 06 / 04 / 2024
Transaction ID : A31BBA7A6746B49E49FC
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Doyle, Robert, Jeffrey, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6550 Naaman Forest Blvd. #200
 City Garland State TX Zip Code 75044-5691
 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
 06 / 06 / 2024
Transaction ID : A3F22C6A0413442579FB
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Feit, Eric, Michael, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9629 Cresta Dr.
 City Los Angeles State CA Zip Code 90035-4003
 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
 06 / 25 / 2024
Transaction ID : A669977762F4A47208B3
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 37
	<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. Fritz, Raymond, A., Dr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2470 Park Place Dr.
 City Slatington State PA Zip Code 18080-4071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allentown Family Foot Care Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 04 / 2024**
Transaction ID : A0EAD8F7DAAB14F3E8AI
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Gagnon, Mark, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Advanced Podiatry 7355 Archer Ave. #D
 City Summit Argo State IL Zip Code 60501-1238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Podiatry Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 04 / 2024**
Transaction ID : A264762C1C9A6459E809
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Ginex, Steven, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 77685 Justin Ct.
 City Palm Desert State CA Zip Code 92211-6238
 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 ▼ 480.00

Date of Receipt **06 / 30 / 2024**
Transaction ID : AC073A077920F4073BC3
 Amount of Each Receipt this Period 80.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	680.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 37
<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. Glazer, Devon, N., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57 Fairlane Rd.
 City Laguna Niguel State CA Zip Code 92677-5321
 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
 06 / 21 / 2024
Transaction ID : A81AAA6480AC645E0914
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Golden, David, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Greenwich Podiatry 694 Main St.
 City East Greenwich State RI Zip Code 02818-3540
 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
 06 / 06 / 2024
Transaction ID : A453E7E4253AD42BE9C2
 Amount of Each Receipt this Period 300.00
 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 ▼ 1700.00

Date of Receipt
 06 / 21 / 2024
Transaction ID : ADC523487F82A4CFDA71
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 37
	<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. Higa, Nathan, S., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 99-632 Hoio St.
 City Aiea State HI Zip Code 96701-3403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hawaii Foot & Ankle Associates Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **06 / 20 / 2024**
Transaction ID : AA96CADD4D5A840CC9E1
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Hugar, Donald, W., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Hugar Foot & Ankle Specialists 1614 N. Harlem Ave.
 City Elmwood Park State IL Zip Code 60707-4302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hugar Foot & Ankle Specialists Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 21 / 2024**
Transaction ID : AA278C3CB272A44B8A5C
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Hugar, Ronald, W., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Hugar Foot & Ankle Specialists 1614 N. Harlem Ave.
 City Elmwood Park State IL Zip Code 60707-4302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hugar Foot & Ankle Specialists Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 21 / 2024**
Transaction ID : ABC8D449151BD4A7CB7E
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 37
<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. Huish, James, F., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **Merced Podiatry Group**
700 W. Olive Ave. #C
 City **Merced** State **CA** Zip Code **95348-2435**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **Merced Podiatry Group** Occupation (for Individual) **Podiatric Physician**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **06 / 25 / 2024**
Transaction ID : A664105BB8B2A4092954
 Amount of Each Receipt this Period **300.00**
 Memo Item

B. 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 ▼ **250.00**

Date of Receipt **06 / 11 / 2024**
Transaction ID : A31573F00A0334E1E819
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Jenkins, Jondelle, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **J.B. Jenkins & Associates**
1706 E. 87th St.
 City **Chicago** State **IL** Zip Code **60617-2740**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **J.B. Jenkins & Associates** Occupation (for Individual) **Podiatric Physician**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **06 / 17 / 2024**
Transaction ID : ADF0C0EB413274559824
 Amount of Each Receipt this Period **300.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **850.00**
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 14 OF 37
<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. Johnson, John, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29900 Meridian Pl
 Apt 22106
 City Farmington Hills State MI Zip Code 48331-5877
 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 **06 / 08 / 2024**
Transaction ID : A55CB989C2EEF4CF2BD7
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Jones, Dan, Elwin, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Comfort Podiatry Group
 950 Scotland Dr
 City Desoto State TX Zip Code 75115-2057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Comfort Podiatry Group Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 06 / 2024**
Transaction ID : AFECFC14BDC23440E9C9
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Keating, Daniel, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Excelsior Orthopaedics
 3925 Sheridan Dr. #100
 City Amherst State NY Zip Code 14226-1738
 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 **06 / 01 / 2024**
Transaction ID : A47C9B76C8B8F458CB46
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 15 OF 37
Use separate schedule(s) for each category of the Detailed Summary Page
FOR LINE NUMBER: (check only one)
[X] 11a 11b 11c 12
13 14 15 16 17

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

A. Kelley, Michael, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 6785 Myers Lake Rd. #C
City Rockford State MI Zip Code 49341-7415
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 06 / 20 / 2024
Transaction ID : A7A5784AE5DDA4DA9897
Amount of Each Receipt this Period 300.00
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 1800.00

Date of Receipt 06 / 03 / 2024
Transaction ID : A85F1FFAB1E564FDE913
Amount of Each Receipt this Period 300.00
Memo Item

C. Levy, Leslie, G., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 23501 Cinema Dr. #209
City Valencia State CA Zip Code 91355-5430
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 06 / 27 / 2024
Transaction ID : A1A223E1523E642938C9
Amount of Each Receipt this Period 500.00
Memo Item

SUBTOTAL of Receipts This Page (optional) 1100.00
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 16 OF 37
	<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. McCann, William, N., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Affiliates in Podiatry, PC
 248 Pleasant St.#203 Pillsbury Med
 City Concord State NH Zip Code 03301-2588
 Name of Employer (for Individual) Pillsbury Medical Bldg. Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 11 / 2024
 Transaction ID : A385E9B1A38754192897
 Amount of Each Receipt this Period 50.00
 Memo Item

B. 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 93003-3227
 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 06 / 21 / 2024
 Transaction ID : AF5A5BE8A2FBC4259AB1
 Amount of Each Receipt this Period 500.00
 Memo Item

C. McKenna, Bryon, James, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1433 Burma Rd.
 City Thibodaux State LA Zip Code 70301-6187
 Name of Employer (for Individual) Thibodaux Regional Health Systems Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 06 / 30 / 2024
 Transaction ID : A90022980279840AF8F5
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	590.00
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: PAGE 17 OF 37
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Miller, Jason, Christopher, Dr.,

Mailing Address 1330 Kingwood Dr. #200

City Kingwood State TX Zip Code 77339-3038

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 ▼ 510.00

Date of Receipt **06 / 13 / 2024**
Transaction ID : A7E53A47F84FB499BA40

Amount of Each Receipt this Period 85.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Moss, David, M., Dr.,

Mailing Address 27501 W. Warren Rd.

City Garden City State MI Zip Code 48135-2253

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

Name of Employer (for Individual) Moss Foot Clinic, PLLC Occupation (for Individual) Podiatric Physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **06 / 04 / 2024**
Transaction ID : A6BFF4D0E380B40748F2

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address Milford Podiatry Associates
32 Cherry St.

City Milford State CT Zip Code 06460-3429

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **06 / 21 / 2024**
Transaction ID : A69B2C24113944052A22

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 585.00

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 18 OF 37
	<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. Perschke, Gretchen, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 Technology Dr. #103
 City Butler State PA Zip Code 16001-1801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Family Foot Care Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 08 / 2024
Transaction ID : AA0AEE3A867AF4DC3B3C
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Pirota, Stephen, S., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Advanced Foot & Ankle Clinics 903 S.E. 22nd St. #1
 City Bentonville State AR Zip Code 72712-4361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Foot & Ankle Clinics Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 20 / 2024
Transaction ID : A5380948EF2AF49A3A2B
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Poggio, Anthony, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2059 Clinton Ave.
 City Alameda State CA Zip Code 94501-4379
 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 06 / 20 / 2024
Transaction ID : AD6123F1FC33F40AC87A
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1050.00
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 19 OF 37
	<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. Saffer, Mark, B., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 654 Rudgate Rd.

City Bloomfield Hills	State MI	Zip Code 48304-3307
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) Midwest Health Center	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
06		06		2024

Transaction ID : AEA67C3E39D8A484B9D1

Amount of Each Receipt this Period
300.00

Memo Item

B. Schink, Andrew, C., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1715 Cameo Dr.

City Eugene	State OR	Zip Code 97405-5897
----------------	-------------	------------------------

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
06		04		2024

Transaction ID : A945A578C75DD4B6B836

Amount of Each Receipt this Period
250.00

Memo Item

C. 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

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2024

Transaction ID : A04CD0E7F3D4B4813976

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1050.00
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 20 OF 37
<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. Stavosky, James, W., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Sullivan Ave. #401
 City State Zip Code
 Daly City CA 94015-2224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Daly City Podiatry Group 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
 06 / 25 / 2024
Transaction ID : A0A763352241F479F974
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Stones, Gary, F., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Island Podiatry Associates
 1575 Hillside Ave. #104
 City State Zip Code
 New Hyde Park NY 11040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2024
Transaction ID : A718C16A4392B4EB1930
 Amount of Each Receipt this Period
 5.00
 Memo Item

C. Thomajan, Craig, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Austin Foot and Ankle Specialists
 5000 Bee Caves Rd. #202
 City State Zip Code
 Austin TX 78746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Austin Foot and Ankle Specialists Podiatric Physician
 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 / 04 / 2024
Transaction ID : A6072D4A1AE514968852
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	405.00
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 21 OF 37
	<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. Tower, Dyane, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9312 Old Georgetown Rd
 City Bethesda State MD Zip Code 20814-1621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Podiatric Medical Association Occupation (for Individual) Director Clinical Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 503.04

Date of Receipt 06 / 11 / 2024
Transaction ID : AB779520A9D8E4435A0C
 Amount of Each Receipt this Period 83.84
 Memo Item

B. Wan, Stephen, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3221 Blume Dr.
 City Los Alamitos State CA Zip Code 90720-4812
 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 ▼ 300.00

Date of Receipt 06 / 21 / 2024
Transaction ID : AE10A7EDDCF54467198F
 Amount of Each Receipt this Period 300.00
 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

SUBTOTAL of Receipts This Page (optional).....▶	383.84
TOTAL This Period (last page this line number only).....▶	13370.76

**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. Capital One Financial (COF)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	2	4

Mailing Address P.O. Box 30285

FEC Identification Number

C []

Transaction ID : BF9578547Cf

Amount of Each Disbursement this Period

[] 92.32

Memo Item

City
Salt Lake City

State
UT

Zip Code
84130-0285

Purpose of Disbursement

Merchant Fee

Candidate Name

Category/
Type

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:

Full Name (Last, First, Middle Initial)

B. Sandy Spring Bank

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	2	4

Mailing Address 17801 Georgia Ave

FEC Identification Number

C []

Transaction ID : BDB940A7C2

Amount of Each Disbursement this Period

[] 91.53

Memo Item

City
Olney

State
MD

Zip Code
20832-2233

Purpose of Disbursement

Maintenance Bill

Candidate Name

Category/
Type

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:

Full Name (Last, First, Middle Initial)

C. Square

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	4

Mailing Address 1455 Market Street, Suite 600

FEC Identification Number

C []

Transaction ID : B60F26B3DA

Amount of Each Disbursement this Period

[] 43.78

Memo Item

City
San Francisco

State
CA

Zip Code
94103-1332

Purpose of Disbursement

Bank Fees (credit card processing fees)

Candidate Name

Category/
Type

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:

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

[] 227.63

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

[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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. USAePay

Mailing Address 1455 Market Street, Suite 600

City
Glendale

State
CA

Zip Code
91201

Purpose of Disbursement

Merchant Fee

Candidate Name

Category/
Type

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		0	6		2	0	2	4

FEC Identification Number

C []

Transaction ID : BDF590A806:

Amount of Each Disbursement this Period

[] 27.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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

Category/
Type

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)..... ▶

[] 27.00

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

[] 254.63

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)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andre Carson For Congress

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	2	4

Mailing Address P.O. Box 1863

City Indianapolis State IN Zip Code 46206

FEC Identification Number

C C00442921

Purpose of Disbursement
Contribution to Committee

Transaction ID : B07AA70AA8

Candidate Name

Amount of Each Disbursement this Period

Carson, Andre, , Rep.,

Category/
Type

1000.00

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Memo Item

State: IN District: 07

Full Name (Last, First, Middle Initial)

B. ARMSTRONG FOR CONGRESS

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	2	4

Mailing Address 1515 BURNT BOAT DRIVE
BOX 112

City BISMARCK State ND Zip Code 58503

FEC Identification Number

C C00670547

Purpose of Disbursement
Contribution to Committee

Transaction ID : BBB01B5D87

Candidate Name

Amount of Each Disbursement this Period

Armstrong, Kelly, , Rep.,

Category/
Type

1000.00

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

Memo Item

State: ND District: 01

Full Name (Last, First, Middle Initial)

C. BEATTY FOR CONGRESS

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	2	4

Mailing Address 222 EAST TOWN STREET
SUITE 2W

City Columbus State OH Zip Code 43215-4616

FEC Identification Number

C C00507368

Purpose of Disbursement
Contribution to Committee

Transaction ID : B35B43A9BF

Candidate Name

Amount of Each Disbursement this Period

Beatty, Joyce, , Rep.,

Category/
Type

1000.00

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Memo Item

State: OH District: 03

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bill Foster For Congress Committee

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	2	4

Mailing Address PO BOX 9104

FEC Identification Number

C	C00435099
---	-----------

Transaction ID : BFCDEE1DEI

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

City
Aurora

State
IL

Zip Code
60598-9104

Purpose of Disbursement

Contribution to Committee

Category/
Type

Candidate Name

Foster, Bill, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: IL District: 11

Full Name (Last, First, Middle Initial)

B. BRIAN FITZPATRICK FOR ALL OF US

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	2	4

Mailing Address PO BOX 939

FEC Identification Number

C	C00607416
---	-----------

Transaction ID : B1A23E9E91I

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

Memo Item

City
Langhorne

State
PA

Zip Code
19047-0939

Purpose of Disbursement

Contribution to Committee

Category/
Type

Candidate Name

Fitzpatrick, Brian, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: PA District: 01

Full Name (Last, First, Middle Initial)

C. Castor For Congress

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	2	4

Mailing Address 301 W. Platt Street, #385

FEC Identification Number

C	C00410761
---	-----------

Transaction ID : BBD7367285

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

Memo Item

City
Tampa

State
FL

Zip Code
33606

Purpose of Disbursement

Contribution to Committee

Category/
Type

Candidate Name

Castor, Kathy, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: FL District: 14

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

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

4	0	0	0	0	0	0	0	0	0

4	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)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Committee To Re-Elect Henry Hank Johnson

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	1		2	0	2	4		

Mailing Address 4153 FLAT SHOALS PARKWAY
SUITE 322, BUILDING C, 2ND FLOOR

City Decatur State GA Zip Code 30034-4106

Purpose of Disbursement
Contribution to Committee

Candidate Name
Johnson, Hank, , Rep., Jr.

Office Sought: House Senate President
Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: GA District: 04

FEC Identification Number

C C00418293
Transaction ID : BA53C9EBF1
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. David Scott For Congress

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	1		2	0	2	4		

Mailing Address P.O. Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement
Contribution to Committee

Candidate Name
Scott, David, , Rep.,

Office Sought: House Senate President
Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: GA District: 13

FEC Identification Number

C C00369801
Transaction ID : B053B628BD1
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DAVIS FOR CONGRESS/FRIENDS OF DAVIS

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	1		2	0	2	4		

Mailing Address 5956 W. RACE AVENUE

City Chicago State IL Zip Code 60644-1462

Purpose of Disbursement
Contribution to Committee

Candidate Name
Davis, Danny, K., Rep.,

Office Sought: House Senate President
Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: IL District: 07

FEC Identification Number

C C00172619
Transaction ID : B201BDD5
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)..... ▶

4	5	0	0	.	0	0					
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Debbie Wasserman Schultz For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2024

Mailing Address 1071 Twin Branch Ln

FEC Identification Number

C	C00385773
---	-----------

Transaction ID : B36CD20EC6

Amount of Each Disbursement this Period

1000.00

Memo Item

City Weston State FL Zip Code 33326

Purpose of Disbursement
Contribution to Committee

Category/ Type

Candidate Name
Wasserman Schultz, Debbie, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2024 Primary General Other (specify) ▼
 State: FL District: 25

Full Name (Last, First, Middle Initial)

B. DON BACON FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	04	/	2024

Mailing Address PO BOX 391368

FEC Identification Number

C	C00575167
---	-----------

Transaction ID : B3BFA5E5C5

Amount of Each Disbursement this Period

1500.00

Memo Item

City OMAHA State NE Zip Code 68139

Purpose of Disbursement
Contribution to Committee

Category/ Type

Candidate Name
Bacon, Don, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2024 Primary General Other (specify) ▼
 State: NE District: 02

Full Name (Last, First, Middle Initial)

C. DR. RAUL RUIZ FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	04	/	2024

Mailing Address PO BOX 1566

FEC Identification Number

C	C00502575
---	-----------

Transaction ID : B20918C3DA

Amount of Each Disbursement this Period

1000.00

Memo Item

City Indio State CA Zip Code 92202-1566

Purpose of Disbursement
Contribution to Committee

Category/ Type

Candidate Name
Ruiz, Raul, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2024 Primary General Other (specify) ▼
 State: CA District: 25

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

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

3500.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association 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 to Committee

Candidate Name

Evans, Dwight, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: PA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	2	4

FEC Identification Number

C C00591065

Transaction ID : B17277A725C

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FREDERICA S. WILSON FOR CONGRESS

Mailing Address 19821 NW 2ND AVENUE
BOX 354

City
MIAMI GARDENS

State
FL

Zip Code
20003

Purpose of Disbursement

Contribution to Committee

Candidate Name

Wilson, Frederica, S., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: FL District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	2	4

FEC Identification Number

C C00460055

Transaction ID : B60E3EA3F9I

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Chris Murphy

Mailing Address PO BOX 230987

City
Hartford

State
CT

Zip Code
06123-0987

Purpose of Disbursement

Contribution to Committee

Candidate Name

Murphy, Chris, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: CT District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	2	4

FEC Identification Number

C C00492645

Transaction ID : B529AE12B7

Amount of Each Disbursement this Period

2500.00

Memo Item

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

4500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Dave Joyce

Mailing Address 9856 ARCHER LN

City Dublin

State OH

Zip Code 43017-8914

Purpose of Disbursement Contribution to Committee

Candidate Name

Joyce, Dave, , Rep.,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [] Primary [X] General [] Other (specify) v

State: OH District: 14

Date of Disbursement

Date of Disbursement: 06 / 11 / 2024

FEC Identification Number

C00527457

Transaction ID : B77D60D35D

Amount of Each Disbursement this Period

1500.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Rosa Delauro

Mailing Address 340 ORANGE STREET

City New Haven

State CT

Zip Code 06511-6403

Purpose of Disbursement Contribution to Committee

Candidate Name

DeLauro, Rosa, , Rep.,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [] Primary [X] General [] Other (specify) v

State: CT District: 03

Date of Disbursement

Date of Disbursement: 06 / 04 / 2024

FEC Identification Number

C00238865

Transaction ID : B6EB830B1E

Amount of Each Disbursement this Period

1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS TO ELECT DR. GREG MURPHY TO CONGRESS

Mailing Address PO BOX 1131

City Greenville

State NC

Zip Code 27835-1131

Purpose of Disbursement Contribution to Committee

Candidate Name

Murphy, Gregory, F., Rep.,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [] Primary [X] General [] Other (specify) v

State: NC District: 03

Date of Disbursement

Date of Disbursement: 06 / 04 / 2024

FEC Identification Number

C00697649

Transaction ID : B4280C491C

Amount of Each Disbursement this Period

1500.00

[] Memo Item

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

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

4000.00

[]

**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)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. KAINE FOR VIRGINIA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2024

Mailing Address 1490-5A QUARTERPATH RD
#272

City Williamsburg State VA Zip Code 23185-6544

FEC Identification Number

C C00495358

Transaction ID : B903C2386E/

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement
Contribution to Committee

Category/Type

Candidate Name

Kaine, Tim, , Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2024

Primary General
 Other (specify) ▼

State: VA District:

Full Name (Last, First, Middle Initial)

B. KAT FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	04	/	2024

Mailing Address 5200 NW 43RD ST STE 102-180

City GAINESVILLE State FL Zip Code 32606

FEC Identification Number

C C00730895

Transaction ID : BC3A8AD763

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement
Contribution to Committee

Category/Type

Candidate Name

Cammack, Kat, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2024

Primary General
 Other (specify) ▼

State: FL District: 03

Full Name (Last, First, Middle Initial)

C. KATHERINE CLARK FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2024

Mailing Address 600 PENNSYLVANIA AVE SE #15180

City Washington State DC Zip Code 20003-7508

FEC Identification Number

C C00541888

Transaction ID : B501B9D608

Amount of Each Disbursement this Period

3000.00

Memo Item

Purpose of Disbursement
Contribution to Committee

Category/Type

Candidate Name

Clark, Katherine, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2024

Primary General
 Other (specify) ▼

State: MA District: 05

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

TOTAL 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 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)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ken Calvert For Congress Committee

Mailing Address PO BOX 2438

City
Corona

State
CA

Zip Code
92878-2438

Purpose of Disbursement
Contribution to Committee

Candidate Name

Calvert, Ken, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: CA District: 41

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	2	4

FEC Identification Number

C C00257337

Transaction ID : BAC373EDFE

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

B. Lofgren For Congress

Mailing Address C/O Contribution Solutions, Llc
1346 THE ALAMEDA #7-380

City
San Jose

State
CA

Zip Code
95126-5006

Purpose of Disbursement
Contribution to Committee

Candidate Name

Lofgren, Zoe, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: CA District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	2	4

FEC Identification Number

C C00289603

Transaction ID : BF3A2F5AA2

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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 to Committee

Candidate Name

Trahan, Lori, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	2	4

FEC Identification Number

C C00655647

Transaction ID : B5D4524990

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
0	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	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0
0	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)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. MARTIN HEINRICH FOR SENATE

Mailing Address P.O. BOX 25763

City
ALBUQUERQUE

State
NM

Zip Code
87125

Purpose of Disbursement

Contribution to Committee

Candidate Name

Heinrich, Martin, , Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2024

Primary General
 Other (specify) ▼

State: NM

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 11 / 2024

FEC Identification Number

C C00434563

Transaction ID : B6A29895C9I

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MELANIE FOR NEW MEXICO

Mailing Address PO BOX 51493

City
Albuquerque

State
NM

Zip Code
87181-1493

Purpose of Disbursement

Contribution to Committee

Candidate Name

Stansbury, Melanie, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2024

Primary General
 Other (specify)

State: NM

District: 01

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 11 / 2024

FEC Identification Number

C C00765099

Transaction ID : B594404614A

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MICHELLE STEEL FOR CONGRESS

Mailing Address 9070 IRVINE CENTER DRIVE
SUITE 150

City
Irvine

State
CA

Zip Code
92618-4691

Purpose of Disbursement

Contribution to Committee

Candidate Name

Steel, Michelle, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2024

Primary General
 Other (specify) ▼

State: CA

District: 45

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 04 / 2024

FEC Identification Number

C C00704981

Transaction ID : BFB680EF9E

Amount of Each Disbursement this Period

1500.00

Memo Item

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

3500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. MORGAN GRIFFITH FOR CONGRESS

Mailing Address PO BOX 361

City
Christiansburg

State
VA

Zip Code
24068-0361

Purpose of Disbursement

Contribution to Committee

Candidate Name

Griffith, Morgan, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: VA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	2	4

FEC Identification Number

C00477240

Transaction ID : B0A329BA23

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MULLIN FOR AMERICA

Mailing Address PO BOX 1632

City
Oklahoma City

State
OK

Zip Code
73101-1632

Purpose of Disbursement

Contribution to Committee

Candidate Name

Mullin, Markwayne, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify)

State: OK District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	2	4

FEC Identification Number

C00498345

Transaction ID : BE83DF1E73I

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PETE AGUILAR FOR CONGRESS

Mailing Address PO BOX 10954

City
SAN BERNARDINO

State
CA

Zip Code
92423

Purpose of Disbursement

Contribution to Committee

Candidate Name

Aguilar, Pete, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: CA District: 33

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	2	4

FEC Identification Number

C00510461

Transaction ID : B7F03BF831

Amount of Each Disbursement this Period

2500.00

Memo Item

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

5500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. QUIGLEY FOR CONGRESS

Mailing Address 1025 W. ADDISON STREET

City Chicago State IL Zip Code 60613-4304

Purpose of Disbursement Contribution to Committee

Candidate Name

Quigley, Mike, , Rep.,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [] Primary [X] General [] Other (specify) v

State: IL District: 05

Date of Disbursement

Date grid: 06 / 11 / 2024

FEC Identification Number

C00457556

Transaction ID : B88CBFD652

Amount of Each Disbursement this Period

Amount grid: 1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. RUSS FULCHER FOR IDAHO

Mailing Address PO BOX 1375

City MERIDIAN State ID Zip Code 83680-1375

Purpose of Disbursement Contribution to Committee

Candidate Name

Fulcher, Russ, , Rep.,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [] Primary [X] General [] Other (specify) v

State: ID District: 01

Date of Disbursement

Date grid: 06 / 04 / 2024

FEC Identification Number

C00648295

Transaction ID : BCFD9E924B

Amount of Each Disbursement this Period

Amount grid: 1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. SCALISE FOR CONGRESS

Mailing Address PO BOX 23219

City New Orleans State LA Zip Code 70183-0219

Purpose of Disbursement Contribution to Committee

Candidate Name

Scalise, Steve, , Rep.,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [] Primary [X] General [] Other (specify) v

State: LA District: 01

Date of Disbursement

Date grid: 06 / 04 / 2024

FEC Identification Number

C00394957

Transaction ID : BB70E92776

Amount of Each Disbursement this Period

Amount grid: 2500.00

[] Memo Item

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

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

Amount grid: 4500.00

Amount grid: (empty)

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)

Form for line numbers 21b-30b with checkboxes for categories 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b.

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Schakowsky For Congress

Mailing Address P.O. Box 5130

City Evanston

State IL

Zip Code 60204-5130

Purpose of Disbursement

Contribution to Committee

Candidate Name

Schakowsky, Jan, , Rep.,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [] Primary [X] General [] Other (specify) v

State: IL District: 09

Date of Disbursement

Date of Disbursement: 06 / 11 / 2024

FEC Identification Number

C00327023

Transaction ID : B167281D3D

Amount of Each Disbursement this Period

2500.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. Swalwell For Congress

Mailing Address P.O. Box 2847

City Dublin

State CA

Zip Code 94568

Purpose of Disbursement

Contribution to Committee

Candidate Name

Swalwell, Eric, , Rep.,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [] Primary [X] General [] Other (specify) v

State: CA District: 14

Date of Disbursement

Date of Disbursement: 06 / 04 / 2024

FEC Identification Number

C00502294

Transaction ID : BB83B28587f

Amount of Each Disbursement this Period

1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. TED LIEU FOR CONGRESS

Mailing Address 777 S. FIGUEROA ST. SUITE 4050

City Los Angeles

State CA

Zip Code 90017-5864

Purpose of Disbursement

Contribution to Committee

Candidate Name

Lieu, Ted, , Rep.,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [] Primary [X] General [] Other (specify) v

State: CA District: 36

Date of Disbursement

Date of Disbursement: 06 / 04 / 2024

FEC Identification Number

C00556506

Transaction ID : BC2C6CD00

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).....

4500.00

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)

Form for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. THOM TILLIS COMMITTEE

Date of Disbursement

Date selection box showing 06 / 04 / 2024

Mailing Address PO BOX 97396

City RALEIGH State NC Zip Code 27624

FEC Identification Number

FEC ID box containing C00545772

Purpose of Disbursement Contribution to Committee

Transaction ID : B3F8FC36A5

Candidate Name

Amount of Each Disbursement this Period

Tillis, Thom, , Sen.,

Category/Type box

Amount box containing 5000.00

Office Sought: House, Senate (checked), President

Disbursement For: 2026 Primary (checked), General, Other

Memo Item checkbox

State: NC District:

Full Name (Last, First, Middle Initial)

B. VARGAS FOR CONGRESS

Date of Disbursement

Date selection box showing 06 / 04 / 2024

Mailing Address 374 N. COAST HIGHWAY 101 SUITE 2

City Encinitas State CA Zip Code 92024-2542

FEC Identification Number

FEC ID box containing C00497321

Purpose of Disbursement Contribution to Committee

Transaction ID : B6ACBD9636

Candidate Name

Amount of Each Disbursement this Period

Vargas, Juan, , Rep.,

Category/Type box

Amount box containing 1000.00

Office Sought: House, Senate, President

Disbursement For: 2024 Primary, General (checked), Other

Memo Item checkbox

State: CA District: 52

Full Name (Last, First, Middle Initial)

C. Vern Buchanan For Congress

Date of Disbursement

Date selection box showing 06 / 04 / 2024

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230-5928

FEC Identification Number

FEC ID box containing C00412759

Purpose of Disbursement Contribution to Committee

Transaction ID : B8485F8455/

Candidate Name

Amount of Each Disbursement this Period

Buchanan, Vern, , Rep.,

Category/Type box

Amount box containing 5000.00

Office Sought: House (checked), Senate, President

Disbursement For: 2024 Primary, General (checked), Other

Memo Item checkbox

State: FL District: 16

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

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

Summary boxes showing 11000.00 and an empty box

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)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. WEBER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2024

Mailing Address 133 N FRIENDSWOOD DR, #353

FEC Identification Number

C C00502229

Transaction ID : B2075DF047/

Amount of Each Disbursement this Period

1000.00

Memo Item

City Friendswood

State TX

Zip Code 77546-3746

Purpose of Disbursement

Contribution to Committee

Category/Type

Candidate Name

Weber, Randy, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: TX District: 14

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

1000.00

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

62000.00