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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	For Other Than An Aut	norized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
American Podiatric Me	edical Association Po	litical Action Committe	e
ADDRESS (number and street)	9312 Old Georgetown Road	i 	
▼ Check if different			
than previously reported. (ACC)	Bethesda		MD 20814-1621
2. FEC IDENTIFICATION NU	JMBER ▼ CIT	TY 🛦	STATE ▲ ZIP CODE ▲
C C00008839		S THIS NEW (N) O	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (N 20 (M3) Jun 20 (N	(Non-Election Year Only)
(a) Quarterly Reports:	Apr	20 (M4) Jul 20 (M	Year Only)
April 15 Quarterly Report (C		20 (WI4) 3ul 20 (WI	
July 15 Quarterly Report (C	PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (C	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (Y	(E) Election	on on	in the State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)		on on	in the State of
5. Covering Period 09	0 01 2020	through 09	30 / 2020
I certify that I have examined the	nis Report and to the best of McCann, William, N., Dr.,	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure	er		
Signature of Treasurer McCo	ann, William, N., Dr.,	[Electronically Filed]	Date 01 / 26 / 2021
NOTE: Submission of false, erron	eous, or incomplete informatio	n may subject the person signir	g this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X
Only			Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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Page 2

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

09 01 2020 09 30 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 403506.41 January 1. 2020 (b) Cash on Hand at 327261.80 Beginning of Reporting Period..... 7830.31 167936.21 Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 571442.62 335092.11 6(a) and 6(c) for Column B)..... 517.33 236867.84 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period

the Committee (Itemize all on

Schedule C and/or Schedule D)

Debts and Obligations Owed BY
 the Committee (Itemize all on Schedule C and/or Schedule D)

0.00

334574.78

0.00

334574.78

×

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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

01 2020 09 30 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 5129.11 120656.19 (i) Itemized (use Schedule A)..... 2701.20 46280.02 (ii) Unitemized (iii) TOTAL (add 166936.21 7830.31 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 166936.21 7830.31 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 1000.00 0.00 Political Committees..... 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3)..... 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) (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))....... 7830.31 167936.21 20. Total Federal Receipts 7830.31 167936.21 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	II. Disbursements COLUMN A Total This Period					
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	.5 1 51100	Calendar Year-to-Date				
(i) Federal Share	0.00	0.00				
(ii) Non-Federal Share	0.00	0.00				
(b) Other Federal Operating Expenditures	517.33	4817.84				
(c) Total Operating Expenditures	547.00	4817.84				
(add 21(a)(i), (a)(ii), and (b))	517.33	4017.04				
CommitteesContributions to	0.00	0.00				
Federal Candidates/Committees and Other Political Committees	0.00	232000.00				
Independent Expenditures (use Schedule E)	0.00	0.00				
Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00				
Loan Repayments Made	0.00	4 4 4				
	0.00	0.00				
Loans Made Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00				
Than Political Committees	0.00	50.00				
(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	50.00				
,	4 4	45 45 45				
Other Disbursements (Including Non-Federal Donations)	0.00	0.00				
Federal Election Activity (52 U.S.C. § 30101(2	20))	4 4				
(a) Allocated Federal Election Activity	-11					
(from Schedule H6) (i) Federal Share	0.00	0.00				
(ii) "Levin" Share	0.00	0.00				
(b) Federal Election Activity Paid		Ap. Ap. Ap. Ap.				
Entirely With Federal Funds	0.00	0.00				
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00				
Total Disbursements (add Lines 21(c), 22,						
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	517.33	236867.84				
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)						
from Line 31)	517.33	236867.84				

DETAILED SUMMARY PAGE

of Disbursements

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III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	7830.31	166936.21
4. Total Contribution Refunds (from Line 28(d))	0.00	50.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7830.31	166886.21
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	517.33	4817.84
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	517.33	4817.84

Use separate schedule(s)

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for each category of the Detailed Summary Page 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 Agee, Angelo, K., Dr., Date of Receipt Mailing Address 8973 Caraway Ln. 18 2020 City Zip Code State Transaction ID: A5C538CD5EF454FEC8EC AL Montgomery 36117-9232 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) East Montgomery Foot Clinic, P.C. Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Brown, H., F., Dr., III Date of Receipt Mailing Address 2001 Georgia Ave. 09 2020 City State Zip Code Transaction ID: AECEE8C67D5FF4E079BB AR Little Rock 72207-5014 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Bryan, Gregory, W., Dr., Date of Receipt Mailing Address Ark LA Tex Foot Specialists, LLC 11 2020 385 Bert Kouns #200 City State Zip Code Transaction ID: A05681A0AE9614C91A6C Shreveport LA 71106 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Ark LA TexFoot Specialists, LLC Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Use separate schedule(s) for each category of the

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Detailed Summary Page 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 Davis, Michael, Q., Mr., Date of Receipt Mailing Address 757 Poplar Church Rd. 2020 City Zip Code State Transaction ID : ADC52B660F8F34065845 PA 17011-2314 Camp Hill Amount of Each Receipt this Period FEC ID number of contributing C 401.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pennsylvania Podiatric Medical Assoc. **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 401.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ezewuiro, Robert, Nwachukwu, Dr., Date of Receipt Mailing Address 1550 Banks Rd. #30 09 10 2020 City State Zip Code Transaction ID: AD01BF86878B648DEBD1 SC Fort Mill 29715-9517 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Instride Carolina Podiatry Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 270.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Frimmel, Robert, , Dr., Date of Receipt Mailing Address Sarasota Footcare Center 04 2020 2000 Webber Street City State Zip Code Transaction ID : A33C50842D4274FDF826 FL Sarasota 34239 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sarasota Footcare Center Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) 531.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Gauland, Christopher, Joseph, Dr., Date of Receipt Mailing Address Eastern Carolina F&A Specialists 2140 W. Arlington Blvd. #D 2020 City Zip Code State Transaction ID: A93360B823F0A4105848 NC Greenville 27834-5709 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Eastern Carolina Foot & Ankle Speciali Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gibson, Brandt, Ryan, Dr., Date of Receipt Mailing Address 36 N. 1100 E. #B 09 19 2020 City State Zip Code Transaction ID: A394D15D173B548F2A8B UT American Fork 84003-2918 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 350.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Ginex, Steven, L., Dr., Date of Receipt Mailing Address 77685 Justin Ct. 2020 City State Zip Code Transaction ID: AEF3370F491B54A0992B CA Palm Desert 92211-6238 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 350.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page 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 Goodale, Miranda, A., Dr., Date of Receipt Mailing Address Clay County Podiatry, LLC 955 W Craig Ave 2020 City Zip Code State Transaction ID: A0B32C5813A4042A9BB4 Brazil IN 47834-7400 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Clay County Podiatry, LLC Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Grady, John, F., Dr., Date of Receipt Mailing Address Foot & Ankle Institute 09 18 2020 4650 Southwest Hwy. City State Zip Code Transaction ID: AB95146FBD82A4C5CA32 IL Oak Lawn 60453-1836 Amount of Each Receipt this Period FEC ID number of contributing 416.66 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 2916.62 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ladha, Zahid, A., Dr., Date of Receipt Mailing Address 3544 Marquis Ct. 2020 City State Zip Code Transaction ID: A39339A7D02E943EF9D7 IN Floyds Knobs 47119-9766 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2100.00 Other (specify) 741.66 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 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 Launer, Seth, Lee, Dr., Date of Receipt Mailing Address 9 E. Alary Ln. 2020 City Zip Code State Transaction ID: AB897BD9CD2344EBF972 NM Corrales 87048-8307 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Optum Medical Group Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Leva, Abinav, S., Mr., Date of Receipt Mailing Address P.O. Box 907 09 2020 1884 N. Fabens Rd City State Zip Code Transaction ID: A0185AA141C3E48A39D5 TX **Fabens** 79838-0907 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Student Podiatric Student Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 555.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Lockwood, Melissa, Jomarie, Dr., Date of Receipt Mailing Address Heartland Foot & Ankle Assn., P.C. 16 2020 10 Heartland Dr. #B City State Zip Code Transaction ID: AF92E67B6236E4BFFBB4 IL Bloomington 61704-7775 Amount of Each Receipt this Period FEC ID number of contributing C 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 749.97 Other (specify) 883.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) **X** 11a 11b 12 11c

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for each category of the Detailed Summary Page 13 14 15 16 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 Marble, Benjamin, K., Dr., Date of Receipt Mailing Address 1619 N. Greenwood St. #300 2020 City Zip Code State Transaction ID: A76B04481649947318AE CO Pueblo 81003-2657 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pueblo Ankle and Foot Care Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McCann, William, N., Dr., Date of Receipt Mailing Address Affiliates in Podiatry, PC 09 2020 248 Pleasant St.#203 Pillsbury Med 06 City Zip Code State Transaction ID: A7D1921048B57408BAC6 NH Concord 03301-2588 Amount of Each Receipt this Period FEC ID number of contributing 42.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pillsbury Medical Bldg. Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. McDonald, Kevin, C., Dr., Date of Receipt Mailing Address Family Foot Care 10 2020 1022 Lee Ann Dr. N.E City Zip Code State Transaction ID: A18D28C96D3D74787940 NC Concord 28025-2911 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Family Foot Care, P.C. Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 442.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Receipt For:

Primary

Other (specify)

General

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Detailed Summary Page 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 Michael, Elliot, N., Dr., Date of Receipt Mailing Address Hillsboro Foot Clinic 862 S.E. Oak St. #1A 10 2020 City Zip Code State Transaction ID: A75ED4724C4FA4CDB8EC OR Hillsboro 97123-4240 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hillsboro Foot Clinic Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Miller, Mark, Steve, Dr., Date of Receipt Mailing Address 1726 Avenida La Posta 09 2020 City State Zip Code Transaction ID: A71CFF9DCAE2449FB890 CA **Encinitas** 92024-5610 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Miller Medical Associates Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 350.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ollerton, Matthew, G., Dr., Date of Receipt Mailing Address 519 S. 1800 E. 2020 City Zip Code State Transaction ID: A0CA5551C669E4F5D8D4 UT Springville 84663-2610 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Podiatric Physician

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270.00

Aggregate Year-to-Date ▼

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13 14 15 16 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 Preece, Daniel, L., Dr., Date of Receipt Mailing Address Salt Lake Podiatry Center 430 N. 400 W. 2020 City Zip Code State Transaction ID: A27CF09596B9B48879E9 UT Salt Lake City 84103-1229 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Roach, Ricky, D., Dr., Date of Receipt Mailing Address Foot Specialist of S. MS 09 2020 999 N. Halstead Rd. City State Zip Code Transaction ID: AE3B092F8823D46B8BEB MS Ocean Springs 39564-3105 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Foot Specialist of S. MS Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Schein, Craig, S., Dr., Date of Receipt Mailing Address 331 Summer St. 29 2020 City Zip Code State Transaction ID: A965E3567CD424CBAA4C VT Saint Johnsbury 05819-2284 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 620.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

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13 14 15 16 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 Solak, Matt, , Mr., Date of Receipt Mailing Address 133 W. Market St. #261 2020 City Zip Code State Transaction ID: A0E2A22562E1149B7A2B IN Indianapolis 46204-2801 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Indiana Podiatric Medical Assn. **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sparks, Michelle, Parr, Dr., Date of Receipt Mailing Address 13607 State Route 422, Suite D 09 2020 City State Zip Code Transaction ID: A596DDDD24CFF492BBB7 PA Kittanning 16201-3571 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Ankle and Foot Care Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Spohn-Gross, Holly, A., Dr., Date of Receipt Mailing Address 3369 Essex Junction Ct. 14 2020 City State Zip Code Transaction ID: AE5A8F9DB86144B1EB72 CA **Thousand Oaks** 91362-1135 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sienna Wellness Institute Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) 850.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page 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 Tower, Dyane, E., Dr., Date of Receipt Mailing Address 9312 Old Georgetown Rd 10 2020 City Zip Code State Transaction ID: A45EA1D85085649F1851 MD Bethesda 20814-1621 Amount of Each Receipt this Period FEC ID number of contributing C 111.12 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Director Clinical Affairs** American Podiatric Medical Association Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Zdancewicz, Alissa, Berner, Dr., Date of Receipt Mailing Address 15302 Searobbin Dr. 09 16 2020 City State Zip Code Transaction ID : A2973D4A79D694A03945 FL Lakewood Ranch 34202-5860 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 380.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 131.12 SUBTOTAL of Receipts This Page (optional)..... 5129.11 TOTAL This Period (last page this line number only).....

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