

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Podiatric Medical Association Political Action Committee

ADDRESS (number and street) 9312 Old Georgetown Road Bethesda MD 20814-1621

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) [X] May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 04 / 01 / 2022 through 04 / 30 / 2022

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

Signature of Treasurer McCann, William, N., Dr., [Electronically Filed] Date 05 / 19 / 2022

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="2022"/>	<input type="text" value="476859.78"/>	<input type="text" value="476859.78"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="588559.91"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="10145.20"/>	<input type="text" value="127191.24"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="598705.11"/>	<input type="text" value="604051.02"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="533.20"/>	<input type="text" value="5879.11"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="598171.91"/>	<input type="text" value="598171.91"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5740.00	88477.37
(ii) Unitemized	4405.20	38713.87
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	10145.20	127191.24
(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)	10145.20	127191.24
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	10145.20	127191.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	10145.20	127191.24

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	333.20	3179.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	333.20	3179.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2500.00
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	200.00	200.00
(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)).....	200.00	200.00
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)) ..	533.20	5879.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	533.20	5879.11

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)	10145.20	127191.24
34. Total Contribution Refunds (from Line 28(d))	200.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9945.20	126991.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	333.20	3179.11
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	333.20	3179.11

**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 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Aufderheide, Paul, W., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Kitsap Podiatry, PLLC**
10049 Kitsap Mall Blvd. N.W. #109

City **Silverdale** State **WA** Zip Code **98383-8901**

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

Name of Employer (for Individual) **Kitsap Podiatry** Occupation (for Individual) **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **04 / 26 / 2022**

Transaction ID : A706EDCDA3B1B475FB35

Amount of Each Receipt this Period **250.00**

Memo Item

B. Byrd, Daniel, F., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Blue Mountain Foot Specialists**
714 S.W. Dorion Ave.

City **Pendleton** State **OR** Zip Code **97801-9312**

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

Name of Employer (for Individual) **Blue Mountain Foot Specialists, PC** Occupation (for Individual) **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **04 / 01 / 2022**

Transaction ID : AFAF4DA5EF84D40DEB5F

Amount of Each Receipt this Period **300.00**

Memo Item

C. Coker, Cathy, O., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **4617 Bluff Rd.**

City **Indianapolis** State **IN** Zip Code **46217-3472**

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 **04 / 07 / 2022**

Transaction ID : A5E9D32D1CC1F4A48809

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 7 OF 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dabdoub, William, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1150 Robert Blvd. #190
 City Slidell State LA Zip Code 70458-2064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Slidell Memorial Hospital Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 04 / 22 / 2022
Transaction ID : A3DB7B93A07F1486B94F
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Frimmel, Robert, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Sarasota Footcare Center 2000 Webber Street
 City Sarasota State FL Zip Code 34239-5234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sarasota Footcare Center Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 01 / 2022
Transaction ID : A64BC1F668ACB40C8B06
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Grady, John, F., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Foot & Ankle Institute 4650 Southwest Hwy.
 City Oak Lawn State IL Zip Code 60453-1836
 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 ▼ 1666.64

Date of Receipt 04 / 18 / 2022
Transaction ID : AAE1BCC6766FC4C25B39
 Amount of Each Receipt this Period 416.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	666.66
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 16
<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. 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
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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 ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2022

Transaction ID : A62BCC2574B164A3FB2F

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 29355 Northwestern Hwy. #110

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2022

Transaction ID : A33E9D68DEF924C73B71

Amount of Each Receipt this Period
100.00

Memo Item

C. Kastel, Stephanie, D., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11780 Fike Rd

City Riga	State MI	Zip Code 49276-9501
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2022

Transaction ID : AC0CDFD6158814C25A11

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	700.00
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 16
	<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. 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 ▼ 1200.00

Date of Receipt **04 / 03 / 2022**
Transaction ID : A2D904B10159A49D08A5
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Lantsberger, Rae, Louise, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Downtown Foot Clinic 610 S.W. Alder St. #506
 City Portland State OR Zip Code 97205-3606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gresham Foot Clinic Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 02 / 2022**
Transaction ID : A0DD2B39BE5A74C6987C
 Amount of Each Receipt this Period 250.00
 Memo Item

C. McAlexander, James, Douglas, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Gig Harbor Foot & Ankle Clinic 3309 56th St. #108
 City Gig Harbor State WA Zip Code 98335-8580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GIG HARBOR FOOT AND ANKLE CLINIC Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 02 / 2022**
Transaction ID : AFCEE3944FC374BE0AB7
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
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 16
	<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. Melillo, Thomas, Charles, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Westside Foot & Ankle Specialists
9900 S.W. Hall Blvd. #100

City Tigard State OR Zip Code 97223-5838

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

Name of Employer (for Individual) Westside Podiatry Clinic Occupation (for Individual) Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 02 / 2022**

Transaction ID : A261403F98CA9433B816

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address 350 Kingwood Medical Dr. #150

City Kingwood State TX Zip Code 77339-6406

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 ▼ 340.00

Date of Receipt **04 / 30 / 2022**

Transaction ID : A4D668FD9721A4DE0A5E

Amount of Each Receipt this Period 85.00

Memo Item

C. Morris, Kevin, L., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Foot & Ankle of Wenatchee
616 N. Chelan Ave.

City Wenatchee State WA Zip Code 98801-2025

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

Name of Employer (for Individual) WWMG Cascade Podiatry Occupation (for Individual) Podiatric Physician

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 02 / 2022**

Transaction ID : A87A6FA4147D14FDEBC7

Amount of Each Receipt this Period 200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	535.00
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 16
<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. Neuhoff, Kathleen, Toepf, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Family Footcare Clinic
 727 E. Jefferson Blvd.
 City South Bend State IN Zip Code 46617-2902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Family Footcare Clinic 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
 04 / 07 / 2022
Transaction ID : A3B5D46EE87714F5986F
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Nordquist, Thomas, S., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Advanced Foot & Ankle Surgeons, In
 2180 Oakland Dr. #A
 City Sycamore State IL Zip Code 60178-3122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Foot and Ankle Surgeons, Inc 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
 04 / 07 / 2022
Transaction ID : A245C4666845040CAB54
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Pearson, Kyle, Thomas, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25708 W. Sunnymere Dr.
 City Plainfield State IL Zip Code 60585-1461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2022
Transaction ID : ADDCFC9DE5DD043E7872
 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 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Prins, Darrell, Duane, Dr., DPM
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3011 N.E. West Devils Lake Rd.
 City Lincoln City State OR Zip Code 97367-5131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincoln County Foot Health Center Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **04 / 01 / 2022**
Transaction ID : A03836B4633D34D68A67
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Schneider, Andrew, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Tanglewood Foot Specialists
 1011 Augusta Dr. #202
 City Houston State TX Zip Code 77057-2060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tanglewood Foot Specialists Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt **04 / 25 / 2022**
Transaction ID : A7AC32E8433514DA6BEC
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Surratt, Jason, Ray, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N.W. Extremity Specialists
 9115 S.W. Olsen Rd. #205
 City Portland State OR Zip Code 97223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Westside Podiatry Clinic Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 02 / 2022**
Transaction ID : A6C21F0C083344EF8822
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	635.00
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 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. 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 West Lake Hills	State TX	Zip Code 78746-5254
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Austin Foot and Ankle Specialists	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 04 / 02 / 2022
Transaction ID : AB5606FEDE4814EE7918

Amount of Each Receipt this Period
 100.00

Memo Item

B. Thompson, Michael, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 201 68th Pl.

City Kenosha	State WI	Zip Code 53143-5137
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Retired	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 04 / 11 / 2022
Transaction ID : AFFF614E53B9F409AA1A

Amount of Each Receipt this Period
 125.00

Memo Item

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

Mailing Address 201 68th Pl.

City Kenosha	State WI	Zip Code 53143-5137
-----------------	-------------	------------------------

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 ▼
 375.00

Date of Receipt
 04 / 14 / 2022
Transaction ID : A8940CC17444C473B84B

Amount of Each Receipt this Period
 125.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
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 16
	<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. 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 ▼
333.36

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		20		2022

Transaction ID : A73C83059134D4817B3B

Amount of Each Receipt this Period
83.34

Memo Item

B. Waverly, Brett, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1954 S.W. Stanford St.

City Corvallis	State OR	Zip Code 97333-2313
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orthopedic Specialty Clinic, Ltd.	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		02		2022

Transaction ID : A5F97E099391F40E4972

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 15302 Searobbin Dr.

City Lakewood Ranch	State FL	Zip Code 34202-5860
------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		16		2022

Transaction ID : AA1F2F7F52E454C399FD

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	353.34
TOTAL This Period (last page this line number only).....	5740.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Capital One Financial (COF)

Mailing Address P.O. Box 30285

City
Salt Lake City

State
UT

Zip Code
84130-0285

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B2E6363883C

Amount of Each Disbursement this Period

1	3	0	4	6	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. Square

Mailing Address 1455 Market Street, Suite 600

City
San Francisco

State
CA

Zip Code
94103-1332

Purpose of Disbursement
Bank Fees (credit card processing fees)

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B95DE4FA84:

Amount of Each Disbursement this Period

1	8	3	8	4	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--

Memo Item

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

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

3	1	4	3	0	0	0	0	0	0
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3	1	4	3	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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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. Jacoby, Cory, E., Dr.,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2022

Mailing Address Elgin Foot & Ankle Ctr.
750 Fletcher Dr. #300

City Elgin State IL Zip Code 60123

Purpose of Disbursement Refund of 2022 Donation (corporate)

FEC Identification Number

C

Transaction ID : B2B9EB2FAE
Amount of Each Disbursement this Period

200.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

FEC Identification Number

C

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

FEC Identification Number

C

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Memo Item

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

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

200.00

200.00