PAGE 1 / 31

## **FEC** FORM 3X

# **REPORT OF RECEIPTS AND DISBURSEMENTS**

I OKIWI 3X	For Other Than An Au	ıthorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
American Podiatric	Medical Association Po	olitical Action Committe	e 
<u> </u>			
ADDRESS (number and street) ▼	9312 Old Georgetown Roa	ad	
Check if different than previously reported. (ACC)	Bethesda		MD 20814-1621 -
2. <b>FEC IDENTIFICATION</b>	NUMBER ▼ C	EITY ▲	STATE ▲ ZIP CODE ▲
C C00008839	3.	IS THIS REPORT NEW (N) O	AMENDED (A)
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	Report Due On:	eb 20 (M2) May 20 (May 20 (May 20 (M3) Jun 20 (May 20 (M4) Jul 20 (M5)	6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  Sep 20 (M9) Year Only)
April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report	t (Q2)  12-Day  PRE-Election  Report for the:	Primary (12P)  Convention (12C)	General (12G) Runoff (12R)  Special (12S)  In the
January 31 Year-End Repoi July 31 Mid-Yea Report (Non-ele Year Only) (MY	tr (d) 30-Day ction POST-Election Report for the:	General (30G)	State of State of Special (30S)
(TER)		tion on	in the State of
5. Covering Period	11 24 2020		M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined Type or Print Name of Treas	McCann, William, N., Dr.,	of my knowledge and belief it is	true, correct and complete.
Signature of Treasurer	AcCann, William, N., Dr.,	[Electronically Filed]	Date 01 / 28 / 2021
NOTE: Submission of false, el	roneous, or incomplete informat	ion may subject the person signin	g this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

#### American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: 11 24 2020 To: 12 31 2020

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1,  2020		403506.41
	(b) Cash on Hand at Beginning of Reporting Period	375394.16	
	(c) Total Receipts (from Line 19)	9630.18	221474.98
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	385024.34	624981.39
7.	Total Disbursements (from Line 31)	5624.04	245581.09
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	379400.30	379400.30
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> 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:

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

2020 31 2020 12 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 7365.18 158336.26 (i) Itemized (use Schedule A)..... 2265.00 62138.72 (ii) Unitemized ..... (iii) TOTAL (add 220474.98 9630.18 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 220474.98 9630.18 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), 221474.98 12, 13, 14, 15, 16, 17, and 18(c))......▶ 9630.18 20. Total Federal Receipts 9630.18 221474.98 (subtract Line 18(c) from Line 19) .......▶

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ul> <li>Operating Expenditures:         <ul> <li>(a) Allocated Federal/Non-Federal</li> <li>Activity (from Schedule H4)</li> </ul> </li> </ul>		Caronaa Tour to Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	624.04	6531.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	624.04	6531.09
Transfers to Affiliated/Other Party	0.00	0.00
Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees	5000.00	239000.00
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	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	50.00
(b) Delitical Berty Committees	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 4
(b) Political Party Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	50.00
(400 Lines 20(4), (b), and (c),	0.00	50.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
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	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))	5624.04	245581.09
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	5624.04	045504.00
,	3024.04	245581.09

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)	or Disbursements	Page <b>5</b>					
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)	9630.18	220474.98					
34. Total Contribution Refunds (from Line 28(d))	0.00	50.00					
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9630.18	220424.98					
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	624.04	6531.09					
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00					
38. Net Operating Expenditures (subtract Line 37 from Line 36)	624.04	6531.09					

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 Basatneh, Rami, M, Dr., Date of Receipt Mailing Address 3930 Elizabeth Ave. 2020 City Zip Code State Transaction ID: ACA875CE87CB249CCB93 MI Canton 48188-7223 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) Resident Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Basatneh, Rami, M, Dr., Date of Receipt Mailing Address 3930 Elizabeth Ave. 12 2020 City State Zip Code Transaction ID: AF84F9EA8AAEC41ED8F6 MI Canton 48188-7223 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) Resident Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 360.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Bhatia, Animesh, S., Dr., Date of Receipt Mailing Address 117 Lazelle Rd. E #B 2020 City State Zip Code Transaction ID: A915ADEFB7C2E4009BBA OH Columbus 43235-8605 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) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 190.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

31

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 Borovoy, Marc, A., Dr., Date of Receipt Mailing Address Associated Podiatrists 26750 Providence Pkwy. #130 15 2020 City Zip Code State Transaction ID: A7CFFD0B0E51543ADA0B MI 48374-1211 Novi Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Associated Podiatrists Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bostanche, John, L., Dr., Date of Receipt Mailing Address 6123 Green Bay Rd. #100 12 80 2020 City State Zip Code Transaction ID: A9F6ACB74DE464B6F886 WI Kenosha 53142-2939 Amount of Each Receipt this Period FEC ID number of contributing 200.00 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) 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Brown, H., F., Dr., III Date of Receipt Mailing Address 2001 Georgia Ave. 29 2020 City State Zip Code Transaction ID: A4F524C8FADCE4434921 AR Little Rock 72207-5014 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) Podiatric Physician Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) 1250.00 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 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 Brown, H., F., Dr., III Date of Receipt Mailing Address 2001 Georgia Ave. 2020 City Zip Code State Transaction ID: A1B5637530B544D0CBA7 AR Little Rock 72207-5014 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) Retired Podiatric Physician 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. Chapel, Charles, P., Dr., Date of Receipt Mailing Address 12084 Cortez Blvd. 2020 City State Zip Code Transaction ID: A9AA21E394AA74DB788E Brooksville FL 34613-7371 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) Self-Employed 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. Clegg, Jared, T., Dr., Date of Receipt Mailing Address 1973 N. State St. 2020 City State Zip Code Transaction ID : A56B14E0832A048F585E UT Provo 84604-1012 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) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 350.00 SUBTOTAL of Receipts This Page (optional).....

7

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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 Dabdoub, William, H., Dr., Date of Receipt Mailing Address 1150 Robert Blvd. #190 2020 City Zip Code State Transaction ID: A30E9E7FFBBE54499B35 LA Slidell 70458-2064 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) Slidell Memorial Hospital Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Galperin, Richard, C., Dr., Date of Receipt Mailing Address 801 N. Zang Blvd. #103 12 17 2020 City State Zip Code Transaction ID: A9F2BE40057694622A88 TX **Dallas** 75208-4858 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) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gauland, Christopher, Joseph, Dr., Date of Receipt Mailing Address Eastern Carolina F&A Specialists 23 2020 2140 W. Arlington Blvd. #D City Zip Code State Transaction ID: A1ED57AD540174DA0B6E 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 1000.00 Other (specify) 650.00 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

31

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 Gibson, Brandt, Ryan, Dr., Date of Receipt Mailing Address 36 N. 1100 E. #B 19 2020 City Zip Code State Transaction ID: A1FFE02891D7041E1B1B UT American Fork 84003-2918 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 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ginex, Steven, L., Dr., Date of Receipt Mailing Address 77685 Justin Ct. 12 2020 City State Zip Code Transaction ID: A4B05C65F95A94B71B63 CA Palm Desert 92211-6238 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) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Goodale, Miranda, A., Dr., Date of Receipt Mailing Address Clay County Podiatry, LLC 28 2020 955 W Craig Ave City State Zip Code Transaction ID: A187AFD3848424A99BC1 IN Brazil 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 275.00 Other (specify) 125.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... \_\_\_

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31

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for each category of the 12 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 Goodale, Miranda, A., Dr., Date of Receipt Mailing Address Clay County Podiatry, LLC 955 W Craig Ave 2020 City Zip Code State Transaction ID: A9B1C001C1DDD4F30881 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 300.00 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 18 2020 4650 Southwest Hwy City State Zip Code Transaction ID: AD546A9C821B84AFEAC3 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) 4166.60 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Green, Tyson, E., Dr., Date of Receipt Mailing Address Center for Orthopaedics 02 2020 1747 Imperial Blvd. City State Zip Code Transaction ID: AE5C83288F0CF44D7A39 Lake Charles LA 70605 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) Center for Orthopaedics Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 741.66 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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

31

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 Groberg, Darren, Fadel, Dr., Date of Receipt Mailing Address Salt Lake Podiatry Center 430 N. 400 W. 2020 City Zip Code State Transaction ID: A324CB56D914549948FC UT Salt Lake City 84103 Amount of Each Receipt this Period FEC ID number of contributing C 20.20 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 202.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Groberg, Darren, Fadel, Dr., Date of Receipt Mailing Address Salt Lake Podiatry Center 12 2020 430 N. 400 W. City State Zip Code Transaction ID: ADFB1BB584B04413FA90 UT Salt Lake City 84103 Amount of Each Receipt this Period FEC ID number of contributing 20.20 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) 222.20 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: AF0C81776F0EA4A78B6E 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 3000.00 Other (specify) 340.40 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

31 FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 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 Lanham, Richard, H., Dr., Jr. Date of Receipt Mailing Address 8981 Crystal Lake Dr. 14 2020 City Zip Code State Transaction ID: A3D75B41CBB2F4AA7A23 IN Indianapolis 46240-6413 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Self-Employed 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. Lazar, Mark, A., Dr., Date of Receipt Mailing Address Greenwood Foot Clinic 12 2020 720 Fry Rd. #A City State Zip Code Transaction ID: A7460D2D4D7634ACBB04 IN Greenwood 46142-2411 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) Greenwood Foot Clinic 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. McCann, William, N., Dr., Date of Receipt Mailing Address Affiliates in Podiatry, PC 14 2020 248 Pleasant St.#203 Pillsbury Med City Zip Code State Transaction ID: A1BF36345FDDE4B4BBA3 NH Concord 03301-2588 Amount of Each Receipt this Period FEC ID number of contributing C 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 336.00 Other (specify) 692.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... \_\_\_\_

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

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 Michael, Elliot, N., Dr., Date of Receipt Mailing Address Hillsboro Foot Clinic 862 S.E. Oak St. #1A 18 2020 City Zip Code State Transaction ID: AC17D5FCDE33A482DA71 OR Hillsboro 97123-4240 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 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 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Moss, David, M., Dr., Date of Receipt Mailing Address 27501 W. Warren Rd. 12 2020 City State Zip Code Transaction ID: AE38F3F49F6D5400DBFA Garden City MI 48135-2253 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) Moss Foot Clinic, PLLC 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. Ollerton, Matthew, G., Dr., Date of Receipt Mailing Address 519 S. 1800 E. 2020 City Zip Code State Transaction ID: AB80BFBF701084BDDB6F 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 Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 430.00 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c

31

for each category of the 12 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 O'Meara, Sean, M., Dr., Date of Receipt Mailing Address 5010 Montoya Dr. 2020 City Zip Code State Transaction ID : A7352D70F6BAF4791813 TX El Paso 79922-2032 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Percival, Brandon, Scot, Dr., Date of Receipt Mailing Address P.O. Box 325 12 18 2020 City State Zip Code Transaction ID : A194D197A5519486CA33 SC Lancaster 29721-0325 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 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) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Preece, Daniel, L., Dr., Date of Receipt Mailing Address Salt Lake Podiatry Center 28 2020 430 N. 400 W. City State Zip Code Transaction ID: AB9FD37E591C34018BEF 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 400.00 Other (specify) 1520.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

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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: A8277E7F060C8455BA51 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 420.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rosado, Rebecca, Jo, Dr., Date of Receipt Mailing Address 5010 Montoya Dr. 12 2020 City State Zip Code Transaction ID: A2B4A661AB16F4E85938 TX El Paso 79922-2032 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) Self-Employed 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.** Rusanowsky, Alexander, Paul, Dr., Date of Receipt Mailing Address 1451 N. Stratford Ln. 02 2020 City State Zip Code Transaction ID: AAF53B91D2232404E843 KS Wichita 67206-1164 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 300.00 Other (specify) 570.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 17 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 Solak, Matt, , Mr., Date of Receipt Mailing Address 133 W. Market St. #261 16 2020 City Zip Code State Transaction ID: AA783449AC17443B7A6E IN Indianapolis 46204-2801 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 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 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Spohn-Gross, Holly, A., Dr., Date of Receipt Mailing Address 3369 Essex Junction Ct. 14 2020 City State Zip Code Transaction ID: A44E579A88A1F417D9EF **Thousand Oaks** CA 91362-1135 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) Sienna Wellness Institute Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 850.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Thompson, Michael, B., Dr., Date of Receipt Mailing Address 201 68th Pl. 28 2020 City Zip Code State Transaction ID: A076FFB23B84A4AC1A74 WI Kenosha 53143-5137 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 375.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

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<u></u>	NAME OF COMMITTEE (In Full)  American Podiatric Medical Association			
١.	Full Name of Individual (Last, First, Middle Initial) Tower, Dyane, E., Dr.,	) or Full Org	anization Name	Date of Receipt
	Mailing Address 9312 Old Georgetown Rd	Lac		12 10 2020
	City Bethesda	State MD	Zip Code 20814-1621	Transaction ID : AE61D8BD578CA4736A43
		IVID	20014-1021	Amount of Each Receipt this Period
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3.	Full Name of Individual (Last, First, Middle Initial) Zdancewicz, Alissa, Berner, Dr.,	) or Full Org	anization Name	Date of Receipt
	Mailing Address 15302 Searobbin Dr.	Ta		12 16 2020
	City	State	Zip Code	Transaction ID : AEEFACAC20D824132918
	Bradenton	I LE	34202	Amount of Each Receipt this Period
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	Bank fee credit card processing fees			<u> </u>		C						
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	ee credit card processing fees											
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NAME OF COMMITTEE (In Full)												
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B. Aristotle International				Date of Disbursement								
Mailing Address 205 Pennsylvanie Ave, SE				12 16 2020								
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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 25									
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only one)									
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A. Aristotle International				Date of Disbursement								
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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 30								
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NAME OF COMMITTEE (In Full)											
American Podiatric Medical Assoc	iation Po	olitical Action	Committe	96							
Full Name (Last, First, Middle Initial)				B (B)							
A. Aristotle International				Date of Disbursement							
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City Washington	State DC	Zip Code 20003-1164		FEC Identification Number							
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Candidate Name				Transaction ID : BD01309446E							
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Senate	Primary	General									
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B. Capital One Bank, NA				Date of Disbursement							
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Mailing Address				12 09 2020							
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Salt Lake City Purpose of Disbursement	UT	84130		C							
Merchant Fee				Transaction ID : BF6A0A18A2							
Candidate Name			Category/ Type	Amount of Each Disbursement this Peri							
Office Sought: House Disburse	ment For:			368.52							
Senate	Primary	General									
President State: District:	Other (spec	city)		Memo Item							
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C. USAePay				Date of Disbursement							
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Glendale Purpose of Disbursement	CA	91201									
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Candidate Name			Category/ Type	Transaction ID : BFDD6C8287 Amount of Each Disbursement this Period	od						
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SCHEDULE B (FEC Form 3X)		, FOR LINE	NUMBER: PAGE 31 OF 31
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A. People For Patty Murray			Date of Disbursement
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Seattle	WA 98124		
Purpose of Disbursement 2022 General Election Support			C S2WA00189
Candidate Name		Category/	Transaction ID : B47E5BD956  Amount of Each Disbursement this Period
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