

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00008839 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period [MM] / [DD] / [YYYY] 07 / 01 / 2023 through [MM] / [DD] / [YYYY] 07 / 31 / 2023

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

Signature of Treasurer *McCann, William, N., Dr.,* Date 08 / 10 / 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>		216787.48
(b) Cash on Hand at Beginning of Reporting Period.....	223651.48	
(c) Total Receipts (from Line 19)	5863.84	194726.18
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	229515.32	411513.66
7. Total Disbursements (from Line 31).....	54432.05	236430.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	175083.27	175083.27
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: / / 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).....	3223.84	132364.86
(ii) Unitemized	2640.00	52356.68
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5863.84	184721.54
(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)	5863.84	184721.54
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	5000.60
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	4.04
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)).....▶	5863.84	194726.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5863.84	194726.18

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	432.05	10430.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	432.05	10430.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	54000.00	225000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1000.00
(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	1000.00
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)) ..	54432.05	236430.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54432.05	236430.39

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)	5863.84	184721.54
34. Total Contribution Refunds (from Line 28(d))	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5863.84	183721.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	432.05	10430.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	5000.60
38. Net Operating Expenditures (subtract Line 37 from Line 36)	432.05	5429.79

**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 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Brancheau, Steven, P., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Family Foot & Ankle Specialists
 3900 Joe Ramsey Blvd. E. #5
 City Greenville State TX Zip Code 75401-7727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N. TX Family Foot Care Center Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 06 / 2023
Transaction ID : A285C037694C54CFDA5B
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Dabdoub, William, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Ayshire Ct.
 City Slidell State LA Zip Code 70461-5034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Slidell Memorial Hospital Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 07 / 21 / 2023
Transaction ID : AA371E98097EA4FBE8E3
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Elliott, Denise, Lea, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Foot & Ankle Center
 1111 Medical Center Blvd. #N507
 City Marrero State LA Zip Code 70072-3156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Foot & Ankle Center Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 06 / 2023
Transaction ID : AE984EAD40EEC4F55B8A
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
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 25
<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. Ghandhari, Vanousheh, S., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Ocotillo Foot & Ankle Centers
 270 W. Chandler Hts. Rd. #5
 City Chandler State AZ Zip Code 85248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ocotillo Foot and Ankle Center Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 06 / 2023
 Transaction ID : AA3D8723127DB4BE39D4
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Goodale, Miranda, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Clay County Podiatry, LLC
 955 W Craig Ave
 City Brazil State IN Zip Code 47834-7400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Clay County Podiatry, LLC Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 21 / 2023
 Transaction ID : A186D03FDDDF458BB54
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Green, Tyson, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Center for Orthopaedics
 1747 Imperial Blvd.
 City Lake Charles State LA Zip Code 70605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Center for Orthopaedics Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 07 / 21 / 2023
 Transaction ID : A3B04F02ACFEC46AFAB1
 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 8 OF 25
	<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. Kramer, Bruce, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 151 N. Orlando Ave. #110
 City Winter Park State FL Zip Code 32789-3601
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2023
Transaction ID : A1286FECB348243A8B23
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Ladha, Zahid, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3544 Marquis Ct.
 City Floyds Knobs State IN Zip Code 47119-9766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2023
Transaction ID : A0AEAD734AD0C44DE82E
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. McCann, William, N., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Affiliates in Podiatry, PC
 248 Pleasant St.#203 Pillsbury Med
 City Concord State NH Zip Code 03301-2588
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pillsbury Medical Bldg. Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2023
Transaction ID : A42C9C50FCF224779A55
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
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 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Miller, Jason, Christopher, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1330 Kingwood Dr. #200
 City Kingwood State TX Zip Code 77339-3038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 13 / 2023
Transaction ID : A7ADC47B1626F4FBDE
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Ollerton, Matthew, G., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 519 S. 1800 E.
 City Springville State UT Zip Code 84663-2610
 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 ▼ 210.00

Date of Receipt 07 / 21 / 2023
Transaction ID : AE63C8862B5D84782813
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Painter, Gina, Marie, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 158 Sunflower Ln.
 City Great Falls State MT Zip Code 59404-6461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefis Physicians Associates Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 20 / 2023
Transaction ID : AFF99972843AA4202B98
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	415.00
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 25
	<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. Solak, Matt, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 133 W. Market St. #261
 City Indianapolis State IN Zip Code 46204-2801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Indiana Podiatric Medical Assn. Occupation (for Individual) Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 16 / 2023
Transaction ID : A0F5932BF144040A1985
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Sparks, Michelle, Parr, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13607 State Route 422, Suite D
 City Kittanning State PA Zip Code 16201-3571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ankle and Foot Care Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 20 / 2023
Transaction ID : A57ECB604E8374A3F835
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Thomajan, Craig, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Austin Foot and Ankle Specialists
 5000 Bee Caves Rd. #202
 City 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 ▼ 700.00

Date of Receipt 07 / 04 / 2023
Transaction ID : A00F57F7ED5A04D81A01
 Amount of Each Receipt this Period 100.00
 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 11 OF 25
	<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. 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 07 / 11 / 2023
Transaction ID : A28A1BCA8E9FA46EA8A3
 Amount of Each Receipt this Period 125.00
 Memo Item

B. 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 ▼ 586.88

Date of Receipt 07 / 11 / 2023
Transaction ID : A890F7A5F568C435E8FA
 Amount of Each Receipt this Period 83.84
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	208.84
TOTAL This Period (last page this line number only).....	3223.84

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Capital One Financial (COF)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	11	/	2023

Mailing Address P.O. Box 30285

FEC Identification Number

C []

Transaction ID : BE7B7BA709

Amount of Each Disbursement this Period

[] 276.83

Memo Item

City Salt Lake City State UT Zip Code 84130-0285

Purpose of Disbursement

Merchant Fee

Candidate Name

Category/
Type

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

Full Name (Last, First, Middle Initial)

B. Sandy Spring Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	18	/	2023

Mailing Address 17801 Georgia Ave

FEC Identification Number

C []

Transaction ID : BDFDDBC6A1

Amount of Each Disbursement this Period

[] 68.33

Memo Item

City Olney State MD Zip Code 20832-2233

Purpose of Disbursement

Maintenance Bill

Candidate Name

Category/
Type

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

Full Name (Last, First, Middle Initial)

C. Square

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	31	/	2023

Mailing Address 1455 Market Street, Suite 600

FEC Identification Number

C []

Transaction ID : B70739BA12

Amount of Each Disbursement this Period

[] 60.89

Memo Item

City San Francisco State CA Zip Code 94103-1332

Purpose of Disbursement

Bank Fees (credit card processing fees)

Candidate Name

Category/
Type

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

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

[] 406.05

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

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. USAePay

Mailing Address 1455 Market Street, Suite 600

City Glendale State CA Zip Code 91201

Purpose of Disbursement

Merchant Fee
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2023

FEC Identification Number

C []

Transaction ID : B6662732077

Amount of Each Disbursement this Period

[] 26.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement

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

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

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

[] 26.00

[] 432.05

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. BARRAGAN FOR CONGRESS

Mailing Address 1840 SOUTH GAFFEY STREET #421

City SAN PEDRO State CA Zip Code 90731

Purpose of Disbursement Contribution to Committee

Candidate Name Barragan, Nanette, Diaz, Rep.,

Office Sought: [X] House [] Senate [] President State: CA District: 44

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

Category/Type

Date of Disbursement

Date of Disbursement: 07 / 06 / 2023

FEC Identification Number

C00577353

Transaction ID : BA8EE4FE65

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BELIEF IN LIFE AND LIBERTY POLITICAL ACTION COMMITTEE (BILL'S PAC)

Mailing Address PO BOX 906

City Marietta State OH Zip Code 45750-0906

Purpose of Disbursement Contribution to Committee

Candidate Name BELIEF IN LIFE AND LIBERTY POLITICAL ACTION COMMITTEE (BILL'S PAC)

Office Sought: [] House [] Senate [] President State: District:

Disbursement For: 2023 [] Primary [] General [X] Other (specify) Other

Category/Type

Date of Disbursement

Date of Disbursement: 07 / 28 / 2023

FEC Identification Number

C00545079

Transaction ID : B3B49BF7C9

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Bilirakis For Congress

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688-0606

Purpose of Disbursement Contribution to Committee

Candidate Name Bilirakis, Gus, , Rep.,

Office Sought: [X] House [] Senate [] President State: FL District: 12

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

Category/Type

Date of Disbursement

Date of Disbursement: 07 / 12 / 2023

FEC Identification Number

C00408534

Transaction ID : BD32FE6FB

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. BRITTANY PETTERSEN FOR COLORADO

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2023

Mailing Address PO BOX 150887

FEC Identification Number

C	C00637215
---	-----------

Transaction ID : B50E42C15E

Amount of Each Disbursement this Period

1000.00

Memo Item

City LAKEWOOD State CO Zip Code 80215

Purpose of Disbursement
Contribution to Committee

Category/ Type

Candidate Name
Pettersen, Brittany, , Rep.,

Office Sought: House
 Senate
 President
State: CO District: 07

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. BUILDING AND RESTORING THE AMERICAN DREAM FUND

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		06		2023

Mailing Address PO BOX 30844

FEC Identification Number

C	C00590356
---	-----------

Transaction ID : B9026719BB1

Amount of Each Disbursement this Period

5000.00

Memo Item

City Bethesda State MD Zip Code 20824-0844

Purpose of Disbursement
Contribution to Committee

Category/ Type

Candidate Name
BUILDING AND RESTORING THE AMERICAN DREAM FUND

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2023
 Primary General
 Other (specify) Other

Full Name (Last, First, Middle Initial)

C. CARTWRIGHT FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		06		2023

Mailing Address PO BOX 414

FEC Identification Number

C	C00509968
---	-----------

Transaction ID : B4D3EFC04E

Amount of Each Disbursement this Period

1000.00

Memo Item

City Scranton State PA Zip Code 18501-0414

Purpose of Disbursement
Contribution to Committee

Category/ Type

Candidate Name
Cartwright, Matt, , Rep.,

Office Sought: House
 Senate
 President
State: PA District: 08

Disbursement For: 2024
 Primary General
 Other (specify) ▼

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

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

7000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Form A: CHRIS PAPPAS FOR CONGRESS. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, and Amount of Each Disbursement.

Form B: CHUCK FLEISCHMANN FOR CONGRESS COMMITTEE, INC. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, and Amount of Each Disbursement.

Form C: Citizens For Waters. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, and Amount of Each Disbursement.

SUBTOTAL of Disbursements This Page (optional) 3000.00
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cohen For Congress

Mailing Address 349 KENILWORTH PLACE

City Memphis State TN Zip Code 38112-5405

Purpose of Disbursement Contribution to Committee

Candidate Name

Cohen, Steve, , Rep.,

Office Sought: [X] House [] Senate [] President State: TN District: 09

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

Category/Type

Date of Disbursement

Date of Disbursement: 07 / 28 / 2023

FEC Identification Number

C00422980

Transaction ID : B443EBC532

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. Cole For Congress

Mailing Address P.O. Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement Contribution to Committee

Candidate Name

Cole, Tom, , Rep.,

Office Sought: [X] House [] Senate [] President State: OK District: 04

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

Category/Type

Date of Disbursement

Date of Disbursement: 07 / 19 / 2023

FEC Identification Number

C00379735

Transaction ID : B2BCF6200A

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. CRAWFORD FOR CONGRESS

Mailing Address PO BOX 16956

City Jonesboro State AR Zip Code 72403-6716

Purpose of Disbursement Contribution to Committee

Candidate Name

Crawford, Rick, , Rep.,

Office Sought: [X] House [] Senate [] President State: AR District: 01

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

Category/Type

Date of Disbursement

Date of Disbursement: 07 / 06 / 2023

FEC Identification Number

C00462374

Transaction ID : B916F8FF14

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 1000.00

[] Memo Item

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

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

Amount: 3000.00

Amount: 3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. DON BACON FOR CONGRESS

Mailing Address PO BOX 391368

City OMAHA State NE Zip Code 68139

Purpose of Disbursement
Contribution to Committee

Candidate Name

Bacon, Don, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	2	3

FEC Identification Number

C C00575167

Transaction ID : B0FECF4122

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

B. DONALD M PAYNE JR FOR CONGRESS

Mailing Address PO BOX 2406

City NEWARK State NJ Zip Code 07114

Purpose of Disbursement
Contribution to Committee

Candidate Name

Payne, Donald, M., Rep., Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: NJ District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	2	3

FEC Identification Number

C C00519355

Transaction ID : B57977105B0

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

C. DUTCH RUPPERSBERGER FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 231

City Timonium State MD Zip Code 21094-0231

Purpose of Disbursement
Contribution to Committee

Candidate Name

Ruppersberger, Dutch, , Rep., III

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MD District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	2	3

FEC Identification Number

C C00376673

Transaction ID : BF2B9BF34C

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

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

3	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

3	0	0	0	0	0	0	0	0	0
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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Dave Joyce

Mailing Address 9856 ARCHER LN

City Dublin

State OH

Zip Code 43017-8914

Purpose of Disbursement

Contribution to Committee

Candidate Name

Joyce, Dave, , Rep.,

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

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

State: OH District: 14

Date of Disbursement

Date selection box: MM/DD/YYYY = 07/12/2023

FEC Identification Number

C00527457

Transaction ID : BFD1686DF4

Amount of Each Disbursement this Period

Amount box: 1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS TO ELECT DR. GREG MURPHY TO CONGRESS

Mailing Address PO BOX 1131

City Greenville

State NC

Zip Code 27835-1131

Purpose of Disbursement

Contribution to Committee

Candidate Name

Murphy, Gregory, F., Rep.,

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

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

State: NC District: 03

Date of Disbursement

Date selection box: MM/DD/YYYY = 07/12/2023

FEC Identification Number

C00697649

Transaction ID : BAC2BCC283

Amount of Each Disbursement this Period

Amount box: 1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. Garamendi For Congress

Mailing Address PO BOX 2978

City Fairfield

State CA

Zip Code 94533-0978

Purpose of Disbursement

Contribution to Committee

Candidate Name

Garamendi, John, , Rep.,

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

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

State: CA District: 08

Date of Disbursement

Date selection box: MM/DD/YYYY = 07/28/2023

FEC Identification Number

C00462697

Transaction ID : BA6381F0E1

Amount of Each Disbursement this Period

Amount box: 1000.00

[] Memo Item

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

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

Amount box: 3000.00

Amount box: (empty)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. JOHNSON FOR CONGRESS

Mailing Address PO BOX 906

City
Marietta

State
OH

Zip Code
45750-0906

Purpose of Disbursement
Contribution to Committee

Candidate Name

Johnson, Bill, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	2	3

FEC Identification Number

C C00476820

Transaction ID : B80A0516FEI

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

B. KANSANS FOR MARSHALL

Mailing Address PO BOX 1588

City
GREAT BEND

State
KS

Zip Code
67530

Purpose of Disbursement
Contribution to Committee

Candidate Name

Marshall, Roger, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify)

State: KS District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	2	3

FEC Identification Number

C C00576173

Transaction ID : BC89F291615

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. Ken Calvert For Congress Committee

Mailing Address PO BOX 2438

City
Corona

State
CA

Zip Code
92878-2438

Purpose of Disbursement
Contribution to Committee

Candidate Name

Calvert, Ken, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: CA District: 41

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	2	3

FEC Identification Number

C C00257337

Transaction ID : B1930BCEEI

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Memo Item

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

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

7	0	0	0	0	0	0	0	0	0
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. KIGGANS FOR CONGRESS

Mailing Address P.O. BOX 5042

City
VIRGINIA BEACH

State
VA

Zip Code
23471

Purpose of Disbursement
Contribution to Committee

Candidate Name

Kiggans, Jen, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: VA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	2	3

FEC Identification Number

C C00776120

Transaction ID : BEB71F9437

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LOIS FRANKEL FOR CONGRESS

Mailing Address PO BOX 480503

City
Delray Beach

State
FL

Zip Code
33448-0503

Purpose of Disbursement
Contribution to Committee

Candidate Name

Frankel, Lois, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: FL District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	2	3

FEC Identification Number

C C00494856

Transaction ID : BD6DC04827

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LORI TRAHAN FOR CONGRESS COMMITTEE

Mailing Address PO BOX 1161

City
LOWELL

State
MA

Zip Code
01853

Purpose of Disbursement
Contribution to Committee

Candidate Name

Trahan, Lori, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	2	3

FEC Identification Number

C C00655647

Transaction ID : B7D96E18B4

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark Pocan For Congress

Mailing Address PO BOX 327

City
Madison

State
WI

Zip Code
53701-0327

Purpose of Disbursement

Contribution to Committee

Candidate Name

Pocan, Mark, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: WI District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	6			2	0	2	3		

FEC Identification Number

C C00502179

Transaction ID : B6BCA1B08E

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Moore For Congress

Mailing Address PO Box 16646

City
Milwaukee

State
WI

Zip Code
53216

Purpose of Disbursement

Contribution to Committee

Candidate Name

Moore, Gwen, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: WI District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	6			2	0	2	3		

FEC Identification Number

C C00397505

Transaction ID : B632D6242D4

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PAUL TONKO FOR CONGRESS

Mailing Address 911 CENTRAL AVENUE
PO BOX 221

City
Albany

State
NY

Zip Code
12206-1350

Purpose of Disbursement

Contribution to Committee

Candidate Name

Tonko, Paul, D., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: NY District: 20

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	8			2	0	2	3		

FEC Identification Number

C C00450049

Transaction ID : B4E689769A

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

7000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. PEOPLE FOR DEREK KILMER

Mailing Address PO BOX 1381

City Tacoma State WA Zip Code 98401-1381

Purpose of Disbursement Contribution to Committee

Candidate Name

Kilmer, Derek, , Rep.,

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

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

State: WA District: 06

Date of Disbursement

Date of Disbursement: 07 / 28 / 2023

FEC Identification Number

C00514893

Transaction ID : BE9DFE4C43

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. Pingree For Congress

Mailing Address PO Box 17613

City Portland State ME Zip Code 04112

Purpose of Disbursement Contribution to Committee

Candidate Name

Pingree, Chellie, , Rep.,

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

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

State: ME District: 01

Date of Disbursement

Date of Disbursement: 07 / 28 / 2023

FEC Identification Number

C00433391

Transaction ID : BC9CE9D030

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. Re-Elect Mcgovern Committee

Mailing Address PO Box 60405

City Worcester State MA Zip Code 01606-0405

Purpose of Disbursement Contribution to Committee

Candidate Name

McGovern, Jim, , Rep.,

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

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

State: MA District: 02

Date of Disbursement

Date of Disbursement: 07 / 06 / 2023

FEC Identification Number

C00285171

Transaction ID : B1FC253891

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 1000.00

[] Memo Item

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

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

SUBTOTAL: 3000.00

TOTAL: 3000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rob Wittman For Congress

Date of Disbursement

Date selection box showing 07 / 19 / 2023

Mailing Address PO BOX 427

City Alexandria State VA Zip Code 22313-0427

FEC Identification Number

FEC ID box showing C00441014

Transaction ID : B9E8AD9A8A

Amount of Each Disbursement this Period

Amount box showing 1000.00

Memo Item checkbox

Purpose of Disbursement Contribution to Committee

Candidate Name

Wittman, Rob, , Rep.,

Office Sought: House [checked], Senate, President

Disbursement For: 2024 Primary [checked], General, Other

State: VA District: 01

Full Name (Last, First, Middle Initial)

B. Stand with Sanchez

Date of Disbursement

Date selection box showing 07 / 19 / 2023

Mailing Address PO BOX 4006

City Whittier State CA Zip Code 90607-4006

FEC Identification Number

FEC ID box showing C00384057

Transaction ID : B14F524CE61

Amount of Each Disbursement this Period

Amount box showing 1000.00

Memo Item checkbox

Purpose of Disbursement Contribution to Committee

Candidate Name

Snchez, Linda, , Rep.,

Office Sought: House [checked], Senate, President

Disbursement For: 2024 Primary [checked], General, Other

State: CA District: 38

Full Name (Last, First, Middle Initial)

C. TONY CARDENAS FOR CONGRESS

Date of Disbursement

Date selection box showing 07 / 28 / 2023

Mailing Address 122 C ST NW STE 360

City Washington State DC Zip Code 20001-2149

FEC Identification Number

FEC ID box showing C00498873

Transaction ID : B19F52658E!

Amount of Each Disbursement this Period

Amount box showing 1000.00

Memo Item checkbox

Purpose of Disbursement Contribution to Committee

Candidate Name

Cardenas, Tony, , Rep.,

Office Sought: House [checked], Senate, President

Disbursement For: 2024 Primary [checked], General, Other

State: CA District: 29

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

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

Subtotal box showing 3000.00

Total box showing 3000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wenstrup For Congress

Mailing Address PO BOX 9551

City Cincinnati

State OH

Zip Code 45209-0551

Purpose of Disbursement
Contribution to Committee

Candidate Name

Wenstrup, Brad, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: OH District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	2	3

FEC Identification Number

C C00497818

Transaction ID : BFF4F34A3B

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

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

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)..... ▶

5000.00

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

54000.00