

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 20814-1698

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

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

5. Covering Period 12 / 01 / 2019 through 12 / 31 / 2019

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

Signature of Treasurer Simon, Janet, , Dr., [Electronically Filed] Date 01 / 27 / 2020

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="2019"/>	<input type="text"/>	<input type="text" value="326211.56"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="463763.70"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="9742.71"/>	<input type="text" value="313819.85"/>
(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="473506.41"/>	<input type="text" value="640031.41"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="70000.00"/>	<input type="text" value="236525.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="403506.41"/>	<input type="text" value="403506.41"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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).....	6663.33	210630.30
(ii) Unitemized .....	3079.38	103189.55
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9742.71	313819.85
(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) .....	9742.71	313819.85
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)).....▶	9742.71	313819.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9742.71	313819.85

**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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	70000.00	236500.00
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	25.00
(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	25.00
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)) ..	70000.00	236525.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	70000.00	236525.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	9742.71	313819.85
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	25.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9742.71	313794.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**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 18
	<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"/> 18

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. Ajlouny, Martha, Jullie, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Greensboro Podiatry Associates, P.  
530 N. Elam Ave. #A

City Greensboro	State NC	Zip Code 27403-1139
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Instride Greensboro Podiatry Associate	Occupation (for Individual) Podiatric Physician
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2019

**Transaction ID : AB516C6744F47409B9F3**

Amount of Each Receipt this Period  
30.00

Memo Item

**B. Alexander, Neville, Anthony, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 535 Aston Hall Way

City Alpharetta	State GA	Zip Code 30022-6634
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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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2019

**Transaction ID : AB480B62D9C674F859C8**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. Bowen, Steven, K., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1645 Owen Dr.

City Fayetteville	State NC	Zip Code 28304-3425
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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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2019

**Transaction ID : A0D154155D56B4A19BFE**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	555.00
<b>TOTAL</b> 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 18
	<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. 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 ▼ 1000.00

Date of Receipt 12 / 16 / 2019  
**Transaction ID : AEBD7C4544038421A968**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Brown, H., F., Dr., III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2001 Georgia Ave.  
 City Little Rock State AR Zip Code 72207-5014  
 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 ▼ 600.00

Date of Receipt 12 / 29 / 2019  
**Transaction ID : A18E81AD4FE214817839**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Bryan, Gregory, W., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Ark LA Tex Foot Specialists, LLC  
 385 Bert Kouns #200  
 City Shreveport State LA Zip Code 71106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ark LA TexFoot Specialists, LLC Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 11 / 2019  
**Transaction ID : A09D21D02C8F74935A0E**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1150.00
<b>TOTAL</b> 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 18
<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. 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
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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 ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2019

**Transaction ID : AF24E777914484813AA5**

Amount of Each Receipt this Period  
150.00

Memo Item

**B. Farah, Ahmad, R., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Farah Medical Clinic  
2105 West Rd.

City Trenton	State MI	Zip Code 48183-3897
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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 ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2019

**Transaction ID : A423E55B2447A4AF9BF5**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Frimmel, Robert, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Sarasota Footcare Center  
1921 Waldemere St. #106

City Sarasota	State FL	Zip Code 34239-2941
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sarasota Footcare Center	Occupation (for Individual) Podiatric Physician
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2019

**Transaction ID : A5F394AF2D8A744E59B9**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> 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 18
	<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. Gauland, Christopher, Joseph, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Eastern Carolina F&A Specialists  
2140 W. Arlington Blvd. #D

City Greenville	State NC	Zip Code 27834-5709
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eastern Carolina Foot & Ankle Speciali	Occupation (for Individual) Podiatric Physician
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2019

**Transaction ID : AA0ED4D132A4342F29C2**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Ginex, Steven, L., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 77685 Justin Ct.

City Palm Desert	State CA	Zip Code 92211-6238
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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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2019

**Transaction ID : A927E35EC6BA545F68EF**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Goodale, Miranda, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 516 W. County Rd. 700 N.

City Brazil	State IN	Zip Code 47834-8264
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Clay County Podiatry	Occupation (for Individual) Podiatric Physician
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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
12	/	23	/	2019

**Transaction ID : A379D6621AB574966902**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<b>TOTAL</b> 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 18
	<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. Grandfield, Christopher, S., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Podiatric Medical Associates  
 6289 Central Ave.  
 City Portage State IN Zip Code 46368-3725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Podiatric Medical Associates Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 05 / 2019  
**Transaction ID : AAE830D77CBC54DABAB**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Hirt, James, R., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Fenton Foot Care  
 14229 Torrey Rd. #1  
 City Fenton State MI Zip Code 48430-3308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 06 / 2019  
**Transaction ID : A8BED6F82C0FE482795C**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Holton, Kevin, Scott, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2805 Jasmine Ct.  
 City Saint Cloud State MN Zip Code 56301-9467  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 02 / 2019  
**Transaction ID : A78A681BF9E474AE281C**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> 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 18
	<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. Jensen, Larry, D., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11815 S.W. King James Pl. #60  
 City Tigard State OR Zip Code 97224-2479  
 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 12 / 19 / 2019  
**Transaction ID : A0F90A7064259444EBDA**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. Lockwood, Melissa, Jomarie, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Heartland Foot & Ankle Assn., P.C. 10 Heartland Dr. #B  
 City Bloomington State IL Zip Code 61704-7775  
 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 ▼ 999.96

Date of Receipt 12 / 16 / 2019  
**Transaction ID : A4ACB7122850742FBBDC**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. 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 ▼ 330.00

Date of Receipt 12 / 21 / 2019  
**Transaction ID : A7D7E19D0FCAE47CCA4A**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	263.33
<b>TOTAL</b> 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 18
<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. O'Neill, Brian, F., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Pomona Valley Podiatric Medical Gr  
1212 N. Park Ave.

City Pomona	State CA	Zip Code 91768-3029
----------------	-------------	------------------------

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

Name of Employer (for Individual) Pomona Valley Podiatric Medical Group	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2019

**Transaction ID : AEE38FE239E9D404AB6F**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Preece, Daniel, L., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Salt Lake Podiatry Center  
430 N. 400 W.

City Salt Lake City	State UT	Zip Code 84103-1229
------------------------	-------------	------------------------

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 ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2019

**Transaction ID : A733A4784FBF349729F4**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Przystup, Paul, Dean, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2235 Stagecoach Rd.

City Grand Junction	State CO	Zip Code 81503
------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2019

**Transaction ID : A08323186BBC146BBA3D**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> 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 18
<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. Saeva, John, Thomas, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3219 Stefani Rd.

City Cantonment	State FL	Zip Code 32533-8342
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Destin Podiatry	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2019

**Transaction ID : ADC70A0BC80CD404E974**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Salek, Robert, C., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10400 Pintado Ct. N.W.

City Albuquerque	State NM	Zip Code 87114-4481
---------------------	-------------	------------------------

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

Name of Employer (for Individual) DHHS/IHS	Occupation (for Individual) Podiatric Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2019

**Transaction ID : A961877118C9643B8BC7**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Spohn-Gross, Holly, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3369 Essex Junction Ct.

City Thousand Oaks	State CA	Zip Code 91362
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Sienna Wellness Institute	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2019

**Transaction ID : A49AAE3BFF84D46EFAF8**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1275.00
<b>TOTAL</b> 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 18
<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. Stines, Ingrid, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3955 Patient Care Way  
 City Lansing State MI Zip Code 48911-4299  
 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 ▼ 475.00

Date of Receipt 12 / 17 / 2019  
**Transaction ID : A00333C4BCCA446228FC**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. Summers, N., Jake, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 Sprague Mill Rd.  
 City Bedford State NH Zip Code 03110-4243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dartmouth-Hitchcock Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 07 / 2019  
**Transaction ID : A98B983071AB346CEBED**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**C. Thomajan, Craig, H., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Austin Foot & Ankle Specialists  
 5000 Bee Cave Rd. #202  
 City Austin State TX Zip Code 78746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Austin Foot & Ankle Specialists Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 27 / 2019  
**Transaction ID : ACED878AA00B743FE88C**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	625.00
<b>TOTAL</b> 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 15 OF 18
<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. 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
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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 ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2019

**Transaction ID : A296C27CE4A2E4D22855**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Woelffer, Kirk, Eiel, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Raleigh Foot & Ankle Center  
1418 E. Millbrook Rd.

City Raleigh	State NC	Zip Code 27609
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Raleigh Foot Center	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2019

**Transaction ID : AB7EADF9057794685A9F**

Amount of Each Receipt this Period  
50.00

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 Bradenton	State FL	Zip Code 34202
-------------------	-------------	-------------------

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 ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2019

**Transaction ID : AEF733B50C40240B1A36**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	170.00
<b>TOTAL</b> This Period (last page this line number only).....	6663.33

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2019			

Mailing Address PO BOX 906

FEC Identification Number

**C** C00545079

**Transaction ID : BD5EA221D7**

Amount of Each Disbursement this Period

5000.00

Memo Item

City MARIETTA State OH Zip Code 45750

Purpose of Disbursement  
2019 LPAC Support - Bill Johnson

Category/Type

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

Office Sought:  House  Senate  President

Disbursement For: 2019  
 Primary  General  
 Other (specify)  Other

State: District:

Full Name (Last, First, Middle Initial)

**B. Democratic Congressional Campaign Committee**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			10			2019			

Mailing Address 2nd Floor  
430 S. Capitol Street

FEC Identification Number

**C**

**Transaction ID : B365226FB20**

Amount of Each Disbursement this Period

15000.00

Memo Item

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement  
2019 National Party Support

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2019  
 Primary  General  
 Other (specify)  Other

State: District:

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF TODD YOUNG, INC.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2019			

Mailing Address PO BOX 1053

FEC Identification Number

**C** C00459255

**Transaction ID : B300E06253**

Amount of Each Disbursement this Period

5000.00

Memo Item

City BLOOMINGTON State IN Zip Code 47402

Purpose of Disbursement  
2022 Primary Donation

Category/Type

Candidate Name  
**Young, Todd, C., Sen.,**

Office Sought:  House  Senate  President

Disbursement For: 2022  
 Primary  General  
 Other (specify)  Other

State: IN District:

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

25000.00

**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. HOOPS PAC**

Mailing Address PO BOX 3314

City  
PORTLAND

State  
OR

Zip Code  
97208

Purpose of Disbursement  
2019 LPAC Support (Wyden)

Candidate Name

**HOOPS PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2019  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2019			

FEC Identification Number

**C** C00392738

**Transaction ID : BB92025C70I**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. National Republican Congressional Committee**

Mailing Address 320 First Street, S.E

City  
Washington

State  
DC

Zip Code  
20003-1838

Purpose of Disbursement  
2019 National Party Support

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2019  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2019			

FEC Identification Number

**C**

**Transaction ID : B8116ABDB9**

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. National Republican Senatorial Committee**

Mailing Address Ronald Reagan Republican Center  
425 2nd Street, NE

City  
Washington

State  
DC

Zip Code  
20002-4914

Purpose of Disbursement  
2019 National Party Support

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2019  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2019			

FEC Identification Number

**C**

**Transaction ID : BF012FF809**

Amount of Each Disbursement this Period

15000.00

Memo Item

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

35000.00

**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. OORAH! POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 3743

City  
CARMEL

State  
IN

Zip Code  
46082

Purpose of Disbursement  
2019 LPAC Support (Young)

Candidate Name

**OORAH! POLITICAL ACTION COMMITTEE**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2019  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2019			

FEC Identification Number

**C** C00551853

**Transaction ID : B3D45F8FD1**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. People For Patty Murray**

Mailing Address PO Box 3662

City  
Seattle

State  
WA

Zip Code  
98124

Purpose of Disbursement  
2022 Primary Donation

Candidate Name

**Murray, Patty, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: WA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2019			

FEC Identification Number

**C** S2WA00189

**Transaction ID : B1381942876**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. SCOTT FITZGERALD FOR CONGRESS**

Mailing Address N4692 MAPLE ROAD

City  
JUNEAU

State  
WI

Zip Code  
53039

Purpose of Disbursement  
2020 Primary Election Support

Candidate Name

**Fitzgerald, Scott, L, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)  Other

State: WI District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2019			

FEC Identification Number

**C** C00720011

**Transaction ID : BBB10A4A8**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

10000.00

70000.00