

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 M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2022 through 12 / 31 / 2022

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

Signature of Treasurer *McCann, William, N., Dr.,* [Electronically Filed] Date 01 / 25 / 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="2022"/>	<input type="text" value="476859.78"/>	<input type="text" value="476859.78"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="206634.73"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="10641.49"/>	<input type="text" value="194579.61"/>
(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="217276.22"/>	<input type="text" value="671439.39"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="488.74"/>	<input type="text" value="454651.91"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="216787.48"/>	<input type="text" value="216787.48"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9420.00	136638.37
(ii) Unitemized	1220.00	57938.07
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	10640.00	194576.44
(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)	10640.00	194576.44
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.).....	1.49	3.17
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)).....▶	10641.49	194579.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	10641.49	194579.61

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	488.74	5639.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	488.74	5639.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	279500.00
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	1225.00
(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	1225.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	168287.87
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)) ..	488.74	454651.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	488.74	454651.91

DETAILED SUMMARY PAGE
of Disbursements

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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)	10640.00	194576.44
34. Total Contribution Refunds (from Line 28(d))	0.00	1225.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10640.00	193351.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	488.74	5639.04
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	488.74	5639.04

**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 19
	<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. Abrahamsen, Thomas, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 129 Kings Hwy. N.
 City Westport State CT Zip Code 06880-2438
 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 ▼ 600.00

Date of Receipt 12 / 02 / 2022
Transaction ID : A4F2A83514C53456A810
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Branwell, John, P., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 Seeley Ave.
 City Kearny State NJ Zip Code 07032-1806
 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 ▼ 800.00

Date of Receipt 12 / 16 / 2022
Transaction ID : A3E0C062FEC3247DB816
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Carreira, Betty, Monteiro, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1183 New Haven Rd.
 City Naugatuck State CT Zip Code 06770-5033
 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 / 02 / 2022
Transaction ID : A31ADF2D08C61487C88C
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	800.00
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 19
	<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. Chu, Charles, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5456 156th Ave. S.E.
 City Bellevue State WA Zip Code 98006-5112
 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 ▼ 275.00

Date of Receipt **11 / 30 / 2022**
Transaction ID : A6EE0A2EB87D141FF893
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Chu, Charles, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5456 156th Ave. S.E.
 City Bellevue State WA Zip Code 98006-5112
 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 / 30 / 2022**
Transaction ID : A84031220D8C048D7966
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Connor, Michael, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 Danbury Rd.
 City Wilton State CT Zip Code 06897-4405
 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 **12 / 31 / 2022**
Transaction ID : AA6E1F5FC718C4099A3A
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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 19
<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. Conway, Michael, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **Massapequa Foot Care**
 892 N. Broadway
 City **North Massapequa** State **NY** Zip Code **11758-2352**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **Massapequa Foot Care** Occupation (for Individual) **Podiatric Physician**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1150.00**

Date of Receipt **12 / 08 / 2022**
Transaction ID : A0A418FA0B5C240049EA
 Amount of Each Receipt this Period **150.00**
 Memo Item

B. Dabdoub, William, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **1150 Robert Blvd. #190**
 City **Slidell** State **LA** Zip Code **70458-2064**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **Slidell Memorial Hospital** Occupation (for Individual) **Podiatric Physician**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **2050.00**

Date of Receipt **12 / 22 / 2022**
Transaction ID : A413C8D7BAAA74579822
 Amount of Each Receipt this Period **150.00**
 Memo Item

C. DeJesus, James, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **Family Footcare**
 1183 New Haven Rd.
 City **Naugatuck** State **CT** Zip Code **06770-5033**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **Family Footcare, PC** Occupation (for Individual) **Podiatric Physician**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **12 / 03 / 2022**
Transaction ID : A81F6DD530A504B85B83
 Amount of Each Receipt this Period **500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
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 19
	<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. Dolan, James, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Lincoln St.
 City Exeter State NH Zip Code 03833-3212
 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 / 11 / 2022
Transaction ID : AB96642684EE74228A14
 Amount of Each Receipt this Period
 150.00
 Memo Item

B. Durocher, Richard, W., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 Washington Ave. #212
 City North Haven State CT Zip Code 06473-2343
 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 / 02 / 2022
Transaction ID : A75CBBA44E0764E1A912
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Frimmel, Robert, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Sarasota Footcare Center
 2000 Webber Street
 City Sarasota State FL Zip Code 34239-5234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sarasota Footcare Center Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2022
Transaction ID : A1B5BCC473A0349D3B1E
 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 10 OF 19
	<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. 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 ▼ 600.00

Date of Receipt 12 / 20 / 2022
Transaction ID : AF366EC7603C74CF1B70

Amount of Each Receipt this Period 50.00

Memo Item

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

Mailing Address 19 Marc Rd.

City Danbury State CT Zip Code 06810-8262

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 12 / 31 / 2022
Transaction ID : AB598DEDDD97C4FE8853

Amount of Each Receipt this Period 250.00

Memo Item

C. Grady, John, F., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Foot & Ankle Institute
4650 Southwest Hwy.

City Oak Lawn State IL Zip Code 60453-1836

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 4999.92

Date of Receipt 12 / 18 / 2022
Transaction ID : A75251E120D764B8D854

Amount of Each Receipt this Period 416.66

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 716.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Green, Tyson, E., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Center for Orthopaedics
1747 Imperial Blvd.

City Lake Charles	State LA	Zip Code 70605
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2022

Transaction ID : A901DA3BF09984925B6A

Amount of Each Receipt this Period
300.00

Memo Item

B. Guglielmo, Thomas, Gerard, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Orthoconnecticut
131 Kent Rd.

City New Milford	State CT	Zip Code 06776-3485
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New Milford 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	/	2022

Transaction ID : A99EB9417973C473299E

Amount of Each Receipt this Period
250.00

Memo Item

C. 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
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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
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2022

Transaction ID : A5B1DD12543DA4AE7939

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 12 OF 19
<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. Lazaroff, Stephen, Francis, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Performance Foot & Ankle Specialis
714 Chase Pkwy.

City Waterbury	State CT	Zip Code 06708-3012
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Information Requested	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	/	02	/	2022

Transaction ID : A2EE7A6D09B7C4E36AC8

Amount of Each Receipt this Period
300.00

Memo Item

B. Lederman, Marc, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address W. Hartford Podiatry Associates
2531 Albany Ave.

City West Hartford	State CT	Zip Code 06117-2308
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) W. Hartford Podiatry Associates	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	/	03	/	2022

Transaction ID : AF58B8AAB687D4E7680D

Amount of Each Receipt this Period
300.00

Memo Item

C. 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
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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 ▼
935.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2022

Transaction ID : A5CA37FC83EC94373BA7

Amount of Each Receipt this Period
85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	685.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 19
<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. Mucinkas, Adam, Paul, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Feet First Foot Care Specialist, L
162 West St. #K

City Cromwell	State CT	Zip Code 06416-4405
------------------	-------------	------------------------

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

Name of Employer (for Individual) Feet First Foot Care Specialist, LLC	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	/	02	/	2022

Transaction ID : A946ADDEA785D4DC8B4E

Amount of Each Receipt this Period
300.00

Memo Item

B. Neville, Scott, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1222 E Jessup Way

City Mooresville	State IN	Zip Code 46158-6011
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Foot & Ankle Center Mooresville	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2022

Transaction ID : A61267056C28F4A11922

Amount of Each Receipt this Period
20.00

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 ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2022

Transaction ID : A44F346988A3845DB8D9

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 19
<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. Parks, Jesse, P., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32 Cherry St.

City Milford	State CT	Zip Code 06460-3429
-----------------	-------------	------------------------

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	/	02	/	2022

Transaction ID : A5814B55D3922416E99C

Amount of Each Receipt this Period
300.00

Memo Item

B. Pascual, Grace, D., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1329 Lusitana St. #801
Queen's Physician Office Bldg. II

City Honolulu	State HI	Zip Code 96813-2434
------------------	-------------	------------------------

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	/	14	/	2022

Transaction ID : A2EC30976B0CB400EA00

Amount of Each Receipt this Period
300.00

Memo Item

C. Patel, Devang, C., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 488 Main Ave.

City Norwalk	State CT	Zip Code 06851-1008
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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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2022

Transaction ID : A12E39AB6AA474AAFB25

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1600.00
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 15 OF 19
<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. Patel, Sanjay, V., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Family Foot Care & Surgery, LLC
309 Seaside Ave. #202

City Milford State CT Zip Code 06460-6301

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

Name of Employer (for Individual) Family Foot Care & Surgery, LLC Occupation (for Individual) Podiatric Physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **12 / 03 / 2022**

Transaction ID : A6F9393DB474B4824A5F

Amount of Each Receipt this Period 1000.00

Memo Item

B. Romansky, Nicholas, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Healthmark Foot & Ankle Associates
101 N. Monroe St.

City Media State PA Zip Code 19063-3037

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

Name of Employer (for Individual) Healthmark Foot & Ankle Associates Occupation (for Individual) Podiatric Physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **12 / 12 / 2022**

Transaction ID : A6D060C1FB7CA4027837

Amount of Each Receipt this Period 1000.00

Memo Item

C. Schneider, Andrew, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Tanglewood Foot Specialists
1011 Augusta Dr. #202

City Houston State TX Zip Code 77057-2060

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

Name of Employer (for Individual) Tanglewood Foot Specialists Occupation (for Individual) Podiatric Physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1020.00

Date of Receipt **12 / 20 / 2022**

Transaction ID : A111AC6CBDF2E456585A

Amount of Each Receipt this Period 85.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2085.00

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 16 OF 19
	<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. Segalman, Joel, Scott, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Performance Foot & Ankle Specialis
 714 Chase Parkway

City Waterbury State CT Zip Code 06708-3012

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

Name of Employer (for Individual) Chase Parkway Podiatry Group Occupation (for Individual) Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 02 / 2022
Transaction ID : AD43C666029A3421B902

Amount of Each Receipt this Period 300.00

Memo Item

B. 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 ▼ 1200.00

Date of Receipt 12 / 04 / 2022
Transaction ID : AB64511F543DF4EB3A3B

Amount of Each Receipt this Period 100.00

Memo Item

C. 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 ▼ 1000.08

Date of Receipt 12 / 20 / 2022
Transaction ID : A31DC740F83864B51B3B

Amount of Each Receipt this Period 83.34

Memo Item

SUBTOTAL of Receipts This Page (optional).....	483.34
TOTAL This Period (last page this line number only).....	9420.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Capital One Financial (COF)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		09		2022

Mailing Address P.O. Box 30285

FEC Identification Number

C

Transaction ID : B7AC6EBDA!
Amount of Each Disbursement this Period

252.85

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. Square

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		31		2022

Mailing Address 1455 Market Street, Suite 600

FEC Identification Number

C

Transaction ID : BB70D047A8!
Amount of Each Disbursement this Period

201.05

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:

Full Name (Last, First, Middle Initial)

C. USAePay

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		06		2022

Mailing Address 1455 Market Street, Suite 600

FEC Identification Number

C

Transaction ID : BB9BF61F24
Amount of Each Disbursement this Period

25.00

Memo Item

City Glendale State CA Zip Code 91201

Purpose of Disbursement Merchant Fee

Candidate Name

Category/Type

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

State: District:

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

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

478.90

478.90

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kosofsky, Eric, M., Dr.,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		07		2022

Mailing Address 999 Asylum Ave. 1st Flr. #111

City
Hartford

State
CT

Zip Code
06105-2416

FEC Identification Number

C [REDACTED]

Transaction ID : B0963868EF
Amount of Each Disbursement this Period

[REDACTED] 150.00

Memo Item

Purpose of Disbursement
refunded via credit card 12/07/2022 for voided check 11/05/2021 #4733

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Ladha, Zahid, A., Dr.,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		02		2022

Mailing Address 3544 Marquis Ct.

City
Floyds Knobs

State
IN

Zip Code
47119-9766

FEC Identification Number

C [REDACTED]

Transaction ID : BA9C2B2322
Amount of Each Disbursement this Period

[REDACTED] 300.00

Memo Item

Purpose of Disbursement
refund of April 2021 Donation

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Ladha, Zahid, A., Dr.,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		02		2022

Mailing Address 3544 Marquis Ct.

City
Floyds Knobs

State
IN

Zip Code
47119-9766

FEC Identification Number

C [REDACTED]

Transaction ID : B5DA353495
Amount of Each Disbursement this Period

[REDACTED] - 300.00

Memo Item

Purpose of Disbursement
VOID of May 2021 refund check

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

[REDACTED] 150.00

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

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rutstein, Robert, D., Dr.,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2022

Mailing Address 999 Asylum Ave. 1st Flr. #111

City
Hartford

State
CT

Zip Code
06105-2416

FEC Identification Number

C

Transaction ID : **BB6E4F2F45**
Amount of Each Disbursement this Period

- 150.00

Memo Item

Purpose of Disbursement
VOID of refund check of 10/8/21 donation - improper handling

Category/Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City

State

Zip Code

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City

State

Zip Code

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

- 150.00

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

0.00