

# 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 [MD]

5. Covering Period [MM] / [DD] / [YYYY] 10 / 15 / 2020 through [MM] / [DD] / [YYYY] 11 / 23 / 2020

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 / 29 / 2021

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="2020"/>	<input type="text" value=""/>	<input type="text" value="403506.41"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="357731.12"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="20459.97"/>	<input type="text" value="211844.80"/>
(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="378191.09"/>	<input type="text" value="615351.21"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1796.93"/>	<input type="text" value="238957.05"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="376394.16"/>	<input type="text" value="376394.16"/>
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).....	14781.77	150971.08
(ii) Unitemized .....	5678.20	59873.72
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	20459.97	210844.80
(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) .....	20459.97	210844.80
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	1000.00
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)).....▶	20459.97	211844.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	20459.97	211844.80

**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 .....	796.93	5907.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	796.93	5907.05
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	233000.00
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	50.00
(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	50.00
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)) ..	1796.93	238957.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1796.93	238957.05

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	20459.97	210844.80
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20459.97	210794.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	796.93	5907.05
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	796.93	5907.05

**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 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Arp, Eric, Allen, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address ARP Foot & Ankle Clinic, P.A.  
 801 S. College St.  
 City Mountain Home State AR Zip Code 72653-3930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ARP Foot & Ankle Clinic, P.A. Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 31 / 2020  
**Transaction ID : A22DBD83E051C458A9B8**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. Basatneh, Rami, M, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3930 Elizabeth Ave.  
 City Canton State MI Zip Code 48188-7223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Resident Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2020  
**Transaction ID : A2946A5C54981460B88D**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Basatneh, Rami, M, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3930 Elizabeth Ave.  
 City Canton State MI Zip Code 48188-7223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Resident Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00

Date of Receipt 10 / 31 / 2020  
**Transaction ID : ADD5D263C2D6047BE962**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	470.00
<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 44
<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. Bergman, Myron, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17 Weber Ave.

City Hillsborough	State NJ	Zip Code 08844-7038
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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 ▼  
203.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2020

**Transaction ID : A585057BBD1A44BEC895**

Amount of Each Receipt this Period  
102.00

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
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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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2020

**Transaction ID : A9BF1123B9F6F45829BB**

Amount of Each Receipt this Period  
50.00

Memo Item

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

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

City Pendleton	State OR	Zip Code 97801-9312
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Blue Mountain Foot Specialists	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
10	/	30	/	2020

**Transaction ID : AE663A9B22E944169828**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	452.00
<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 44
<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. Carnegie, Dale, H., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3882 S. Quebec St.

City Denver	State CO	Zip Code 80237-1341
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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
10	/	29	/	2020

**Transaction ID : AEE2C4929ADBA4114A6D**

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
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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 ▼  
1350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2020

**Transaction ID : ACE77D11A4BAB49069FC**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. 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) Slidell Memorial Hospital	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2020

**Transaction ID : A8B0837B4C6F24BEAB20**

Amount of Each Receipt this Period  
150.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<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 44
	<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  
 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 ▼ 1650.00

Date of Receipt 11 / 17 / 2020  
**Transaction ID : A379ECABC31AA4DC29C**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. Daly, Candace, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Utah Podiatric Medical Assn. 1296 W. 475 S.  
 City Farmington State UT Zip Code 84025-4715  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Utah Podiatric Medical Association Occupation (for Individual) Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 20 / 2020  
**Transaction ID : AAEC353025B144094814**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Demars, Scott, G., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Rimrock Podiatry 1690 Rimrock Rd. #L  
 City Billings State MT Zip Code 59102-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rimrock Podiatry Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 09 / 2020  
**Transaction ID : AAC4C8CE5840A4A7E926**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<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 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dowling, Leslie, B., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Satilla Foot & Ankle  
545 Knight Ave.

City Waycross State GA Zip Code 31501-3354

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 11 / 17 / 2020  
**Transaction ID : A68A1381DB68A46D1B2F**

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address 1550 Banks Rd. #30

City Fort Mill State SC Zip Code 29715-9517

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

Name of Employer (for Individual) Instride Carolina Podiatry Occupation (for Individual) Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 10 / 2020  
**Transaction ID : A08584E499B1545299D4**

Amount of Each Receipt this Period 30.00

Memo Item

**C. Fairbanks, Donald, E., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 Imperial Ave.

City Pittsfield State MA Zip Code 01201-3824

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 11 / 17 / 2020  
**Transaction ID : A69AF203639554727B16**

Amount of Each Receipt this Period 500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 780.00

**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 44
<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. Fein, Michael, Z., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 School St. #8

City Bethel	State CT	Zip Code 06801-1846
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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 ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2020

**Transaction ID : A0B0E7227372E43FAA8B**

Amount of Each Receipt this Period  
350.00

Memo Item

**B. Frasca, Sandro, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6910 11th Ave.

City Brooklyn	State NY	Zip Code 11228-1298
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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
10	/	21	/	2020

**Transaction ID : A5EC11B4529F64EABABC**

Amount of Each Receipt this Period  
150.00

Memo Item

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

Mailing Address Foot Specialists of Kansas City  
8550 Marshall Dr. #120

City Overland Park	State KS	Zip Code 66214-9836
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Foot Specialists	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
11	/	18	/	2020

**Transaction ID : AE955FDD4B9F6493AB8D**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<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 12 OF 44
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Gerber, Robert, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 Austin St. #W508

City Evanston	State IL	Zip Code 60202-3445
------------------	-------------	------------------------

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	/	D D	/	Y Y Y Y
11	/	17	/	2020

**Transaction ID : A23E62B1BA3D74120B37**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Gibson, Brandt, Ryan, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 36 N. 1100 E. #B

City American Fork	State UT	Zip Code 84003-2918
-----------------------	-------------	------------------------

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	/	D D	/	Y Y Y Y
10	/	19	/	2020

**Transaction ID : AFB2683A3E9374D4EB6C**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Gibson, Brandt, Ryan, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 36 N. 1100 E. #B

City American Fork	State UT	Zip Code 84003-2918
-----------------------	-------------	------------------------

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 ▼  
450.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	19	/	2020

**Transaction ID : ADBBF1DF54B784D85A59**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<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 44
	<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. 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
---------------------	-------------	------------------------

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
10	/	21	/	2020

**Transaction ID : A8D41B98467424C5288D**

Amount of Each Receipt this Period  
50.00

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

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2020

**Transaction ID : AD52E95D8DB214C5C989**

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 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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2020

**Transaction ID : A3EE29203C622455C860**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<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 44
	<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. 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 ▼  
3333.28

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2020

**Transaction ID : A52ACF0A7C09146A2B14**

Amount of Each Receipt this Period  
416.66

Memo Item

**B. 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 ▼  
3749.94

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2020

**Transaction ID : A7E1EF7A7ED1A4C259DC**

Amount of Each Receipt this Period  
416.66

Memo Item

**C. Heller, Jon, Ian, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 384 Union Blvd.

City Totowa	State NJ	Zip Code 07512-2561
----------------	-------------	------------------------

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
10	/	27	/	2020

**Transaction ID : ABF40A2E66018476DBCE**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1133.32
<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 44
	<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. Jacoby, Kenneth, E., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Elgin Foot & Ankle Ctr.  
 750 Fletcher Dr. #300  
 City Elgin State IL Zip Code 60123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Elgin Foot & Ankle Center Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 09 / 2020  
**Transaction ID : A1AAAC9B4E4574212B14**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Johnson, Ted, R., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address S.W. Podiatry  
 680 W. Monroe St.  
 City Wytheville State VA Zip Code 24382  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) S.W. Podiatry Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2020  
**Transaction ID : A70D5C3DA3F9A4C669E1**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Karpo, Harvey, S., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 649 N. Broad St.  
 City Woodbury State NJ Zip Code 08096-1621  
 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 11 / 09 / 2020  
**Transaction ID : AFF997014482D47ED80E**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<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 16 OF 44
	<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. 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
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2020

**Transaction ID : A82756BB8685A41EAB6D**

Amount of Each Receipt this Period  
300.00

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 ▼  
833.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2020

**Transaction ID : A72B1AC10CA4C407BB5A**

Amount of Each Receipt this Period  
83.33

Memo Item

**C. Madden, Thomas, W., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2301 S. Clear Creek Rd. #220

City Killeen	State TX	Zip Code 76549-4198
-----------------	-------------	------------------------

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
10	/	28	/	2020

**Transaction ID : A2F913E7BEEFC4B1597C**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	683.33
<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 17 OF 44
<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. Marcus, Michael, J., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 E. Beverly Blvd. #205

City Montebello	State CA	Zip Code 90640-4315
--------------------	-------------	------------------------

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
10	/	21	/	2020

**Transaction ID : A7170E7B701414497889**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 127 Mills Ave.

City Greer	State SC	Zip Code 29651-2514
---------------	-------------	------------------------

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 ▼  
730.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2020

**Transaction ID : A6E7D88C9BBBE4A57B20**

Amount of Each Receipt this Period  
365.00

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 ▼  
294.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2020

**Transaction ID : A2D86EAAFD17B4338A7C**

Amount of Each Receipt this Period  
42.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	907.00
<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 18 OF 44
	<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. Minhas, Sabrina, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 202 Shawmont Ave.

City Philadelphia	State PA	Zip Code 19128-4204
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Center for Foot and Ankle Excellence	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
10		30		2020

**Transaction ID : A959D20B389404BB5980**

Amount of Each Receipt this Period  
250.00

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2020

**Transaction ID : AF596BE2B7F9444E9966**

Amount of Each Receipt this Period  
30.00

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 ▼  
330.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2020

**Transaction ID : A88A470EAEC4C4F89993**

Amount of Each Receipt this Period  
30.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	310.00
<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 19 OF 44
	<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. Olson, Bradley, R., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2613 Mcleod Dr. E

City West Fargo	State ND	Zip Code 58078-8506
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Essentia Health	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
11	/	03	/	2020

**Transaction ID : A83709F460F664DCD858**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Onufer, Anita, A. C., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2209 Ardmore Blvd.

City Pittsburgh	State PA	Zip Code 15221-4851
--------------------	-------------	------------------------

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
10	/	27	/	2020

**Transaction ID : AA0BAC36D49114D39AD8**

Amount of Each Receipt this Period  
150.00

Memo Item

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

Mailing Address Parker Indian Health Center  
12033 Agency Rd.

City Parker	State AZ	Zip Code 85344-7718
----------------	-------------	------------------------

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

Name of Employer (for Individual) Parker Indian Health Center	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2020

**Transaction ID : A53FA0E CED6DF4E9CAD0**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<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 20 OF 44
<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. Pickard, Laura, J., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Norridge Foot Clinic  
 7325 W. Irving Park Rd.  
 City Chicago State IL Zip Code 60634-3547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Norridge Foot Clinic 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  
 11 / 17 / 2020  
**Transaction ID : ABC65152533184A2D824**  
 Amount of Each Receipt this Period  
 500.00  
 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 ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2020  
**Transaction ID : A48A4FE30CF8441F9ACD**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**C. Reid, Helena, Anne, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 840 35th Ave. Pl. #102  
 City Moline State IL Zip Code 61265-8026  
 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  
 11 / 17 / 2020  
**Transaction ID : AF034B6AD013D4B35ACF**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	820.00
<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 21 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Robertozzi, Christian, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 222 High St. #201  
 The Norman Silbert Medical Arts Bldg  
 City Newton State NJ Zip Code 07860-9604  
 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 11 / 18 / 2020  
**Transaction ID : A229D2178E5FB4E1AB9D**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Rusanowsky, Alexander, Paul, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1451 N. Stratford Ln.  
 City Wichita State KS Zip Code 67206-1164  
 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 11 / 02 / 2020  
**Transaction ID : AA81EF26075EA4EE9858**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Sanicola, Charles, P., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19511 Spring Valley Dr.  
 City Hagerstown State MD Zip Code 21742-2411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 10 / 27 / 2020  
**Transaction ID : AF42EA3A004444187B4D**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **700.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 44
<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. Sanicola, Karen, F., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19511 Spring Valley Dr.  
 City Hagerstown State MD Zip Code 21742-2411  
 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 10 / 27 / 2020  
**Transaction ID : AAB41411AEA4E4DB0AA1**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. Seiler, Richard, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Holland Foot & Ankle Center 904 Washington Ave. #130  
 City Holland State MI Zip Code 49423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Holland foot & ankle Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 21 / 2020  
**Transaction ID : ADC78E37EAF2D4BE8928**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. Seuferling, Christopher, S., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Mt. Tabor Podiatry 7940 S.E. Division St. #E  
 City Portland State OR Zip Code 97206-1046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mt. Tabor Podiatry Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2020  
**Transaction ID : A07719F4B460E4109AAC**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<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 23 OF 44
	<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. Shabazz, Zakee, O., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Fair Oaks Podiatry & Sports Medici  
12011 Lee Jackson Memorial Hwy. #4

City Fairfax    State VA    Zip Code 22033-3335

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

Name of Employer (for Individual) Fair Oaks Podiatry and Sports Medicine    Occupation (for Individual) Podiatric Physician

Receipt For:  Primary     General     Other (specify) ▼    Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 05 / 2020  
**Transaction ID : A6F496D339035460A8B5**

Amount of Each Receipt this Period 150.00

Memo Item

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

Mailing Address S.W. Podiatry Center, PC  
1903 Wyoming Blvd. N.E. #C

City Albuquerque    State NM    Zip Code 87112-2860

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

Name of Employer (for Individual) S.W. Podiatry Center    Occupation (for Individual) Podiatric Physician

Receipt For:  Primary     General     Other (specify) ▼    Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 25 / 2020  
**Transaction ID : AA4FCEB1B9E6C41C9B99**

Amount of Each Receipt this Period 300.00

Memo Item

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

Mailing Address 8958 Riverside Dr.

City Parker    State AZ    Zip Code 85344-8088

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

Name of Employer (for Individual) Indian Health Service    Occupation (for Individual) Podiatric Physician

Receipt For:  Primary     General     Other (specify)    Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 27 / 2020  
**Transaction ID : A7052B273034746EC993**

Amount of Each Receipt this Period 300.00

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 24 OF 44
	<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. Simeone, Louis, Robert, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Louis R. Simeone, DPM, Ltd.  
1180 Smith St.

City Providence	State RI	Zip Code 02908-2034
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Louis R. Simeone, DPM, Ltd.	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
11 / 09 / 2020  
**Transaction ID : A6F9DF9E662BD4897878**

Amount of Each Receipt this Period  
150.00

Memo Item

**B. 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 ▼  
800.00

Date of Receipt  
11 / 16 / 2020  
**Transaction ID : AC996A66779704CE0825**

Amount of Each Receipt this Period  
200.00

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 91362-1135
-----------------------	-------------	------------------------

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 ▼  
800.00

Date of Receipt  
11 / 14 / 2020  
**Transaction ID : AA4944C127A5E498EB14**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<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 25 OF 44
	<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. Sugai, Brian, Tadashi, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Big Island Foot Care, Inc.  
 101 Aupuni St. #238  
 City Hilo State HI Zip Code 96720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Big Island Foot Care, Inc. Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **11 / 23 / 2020**  
**Transaction ID : A3FE0B8107DA34B7B927**  
 Amount of Each Receipt this Period 1000.00  
 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 ▼ 888.96

Date of Receipt **11 / 10 / 2020**  
**Transaction ID : A2A864CC4D88E4F3FB91**  
 Amount of Each Receipt this Period 111.12  
 Memo Item

**C. Williams, Peter, J., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1303 McCullough Ave. #348  
 City San Antonio State TX Zip Code 78212-5622  
 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 **11 / 17 / 2020**  
**Transaction ID : A9A998BD13B7A4F9480C**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 1211.12  
**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 26 OF 44
	<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. Wolf, Walter, R., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Valley Podiatry Associates  
81 Willimansett St.

City South Hadley	State MA	Zip Code 01075-3000
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Valley Podiatry Associates	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
10	/	15	/	2020

**Transaction ID : AA0B24B2712A043BE83C**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. 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 ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2020

**Transaction ID : A136D4438AD79434B94D**

Amount of Each Receipt this Period  
20.00

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 ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2020

**Transaction ID : AE403D543C6DC409B9DD**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1040.00
<b>TOTAL</b> This Period (last page this line number only).....	14781.77

**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. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2020			

FEC Identification Number

**C** [Redacted]

**Transaction ID : B7416A9ACE**

Amount of Each Disbursement this Period

[Redacted] 50.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2020			

FEC Identification Number

**C** [Redacted]

**Transaction ID : B03852B34B1**

Amount of Each Disbursement this Period

[Redacted] 5.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2020			

FEC Identification Number

**C** [Redacted]

**Transaction ID : BCFA11A72f**

Amount of Each Disbursement this Period

[Redacted] 1.00

Memo Item

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

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

[Redacted] 56.00

[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 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. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2020			

FEC Identification Number

C [REDACTED]

**Transaction ID : B87C268483**

Amount of Each Disbursement this Period

[REDACTED] 4.17

Memo Item

Full Name (Last, First, Middle Initial)

**B. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2020			

FEC Identification Number

C [REDACTED]

**Transaction ID : B6A2FD7D2D**

Amount of Each Disbursement this Period

[REDACTED] 2.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2020			

FEC Identification Number

C [REDACTED]

**Transaction ID : B6FB0E2AD1**

Amount of Each Disbursement this Period

[REDACTED] 20.83

Memo Item

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

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

[REDACTED] 27.50

[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 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. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : BED2716E37!**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B74CE90CD0**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B31A6BE732**

Amount of Each Disbursement this Period

Memo Item

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

**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. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2020			

FEC Identification Number

**C** [ ]  
Transaction ID : **B96D49E0BC**  
Amount of Each Disbursement this Period  
[ ] 17.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2020			

FEC Identification Number

**C** [ ]  
Transaction ID : **B3D2CAC002**  
Amount of Each Disbursement this Period  
[ ] 1.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2020			

FEC Identification Number

**C** [ ]  
Transaction ID : **B00BA3CF3E**  
Amount of Each Disbursement this Period  
[ ] 5.00

Memo Item

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

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

24.00
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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)

<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. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2020			

FEC Identification Number

**C** [Redacted]

**Transaction ID : B579F657678**

Amount of Each Disbursement this Period

[Redacted] 2.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2020			

FEC Identification Number

**C** [Redacted]

**Transaction ID : B5795EF01F#**

Amount of Each Disbursement this Period

[Redacted] 7.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2020			

FEC Identification Number

**C** [Redacted]

**Transaction ID : B154C8A045**

Amount of Each Disbursement this Period

[Redacted] 1.25

Memo Item

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

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

[Redacted] 11.25

[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 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. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 25 / 2020

FEC Identification Number

C  
**Transaction ID : B96E5F8FCB**  
Amount of Each Disbursement this Period  
15.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 27 / 2020

FEC Identification Number

C  
**Transaction ID : BDA796BA76**  
Amount of Each Disbursement this Period  
7.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 28 / 2020

FEC Identification Number

C  
**Transaction ID : BD6467670A**  
Amount of Each Disbursement this Period  
1.00

Memo Item

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

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

23.50



**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. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2020

FEC Identification Number

C [ ]

**Transaction ID : BA204226C2I**

Amount of Each Disbursement this Period

[ ] 5.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2020

FEC Identification Number

C [ ]

**Transaction ID : B49221AD23I**

Amount of Each Disbursement this Period

[ ] 1.01

Memo Item

Full Name (Last, First, Middle Initial)

**C. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2020

FEC Identification Number

C [ ]

**Transaction ID : B382CABEC**

Amount of Each Disbursement this Period

[ ] 2.50

Memo Item

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

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

[ ] 8.51

[ ]

**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. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2020			

FEC Identification Number

**C** [Redacted]  
**Transaction ID : BCB857280C**  
Amount of Each Disbursement this Period  
[Redacted] 7.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2020			

FEC Identification Number

**C** [Redacted]  
**Transaction ID : B9B9A013E5I**  
Amount of Each Disbursement this Period  
[Redacted] 12.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2020			

FEC Identification Number

**C** [Redacted]  
**Transaction ID : B2FA649E39**  
Amount of Each Disbursement this Period  
[Redacted] 15.00

Memo Item

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

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

[Redacted] 35.00
[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 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. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2020			

FEC Identification Number

C [REDACTED]

**Transaction ID : B0B84C6531I**

Amount of Each Disbursement this Period

[REDACTED] 15.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2020			

FEC Identification Number

C [REDACTED]

**Transaction ID : B8041B61085**

Amount of Each Disbursement this Period

[REDACTED] 15.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2020			

FEC Identification Number

C [REDACTED]

**Transaction ID : B3C48DF5C7**

Amount of Each Disbursement this Period

[REDACTED] 7.50

Memo Item

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

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

[REDACTED] 37.50

[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 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. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2020			

FEC Identification Number

C [REDACTED]

**Transaction ID : BDEF6C8EA!**

Amount of Each Disbursement this Period

[REDACTED]	1.00
------------	------

Memo Item

Full Name (Last, First, Middle Initial)

**B. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2020			

FEC Identification Number

C [REDACTED]

**Transaction ID : BA221CD6DF**

Amount of Each Disbursement this Period

[REDACTED]	7.50
------------	------

Memo Item

Full Name (Last, First, Middle Initial)

**C. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2020			

FEC Identification Number

C [REDACTED]

**Transaction ID : B5CD6A2A6!**

Amount of Each Disbursement this Period

[REDACTED]	2.50
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Memo Item

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

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

[REDACTED]	11.00
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[REDACTED]	
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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 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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**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : BE578532CD**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : BBE869461E1**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B30FD0AE7E**

Amount of Each Disbursement this Period

Memo Item

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

**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**

**A. Aristotle International**

Full Name (Last, First, Middle Initial)

Mailing Address 205 Pennsylvanie Ave, SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 10 / 2020

FEC Identification Number: C

Transaction ID : **BE410BA634**

Amount of Each Disbursement this Period: 1.50

Memo Item

**B. Aristotle International**

Full Name (Last, First, Middle Initial)

Mailing Address 205 Pennsylvanie Ave, SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 10 / 2020

FEC Identification Number: C

Transaction ID : **BBA299EC10**

Amount of Each Disbursement this Period: 5.56

Memo Item

**C. Aristotle International**

Full Name (Last, First, Middle Initial)

Mailing Address 205 Pennsylvanie Ave, SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 11 / 2020

FEC Identification Number: C

Transaction ID : **B0B12C2CCI**

Amount of Each Disbursement this Period: 15.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 22.06

**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. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]

**Transaction ID : BFD4B1480F**

Amount of Each Disbursement this Period

[ ] 2.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	2	0

FEC Identification Number

C [ ]

**Transaction ID : B9155A54B4f**

Amount of Each Disbursement this Period

[ ] 10.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	2	0

FEC Identification Number

C [ ]

**Transaction ID : BB3CEBD3C**

Amount of Each Disbursement this Period

[ ] 1.00

Memo Item

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

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

[ ] 13.50

[ ]

**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. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2020			

FEC Identification Number

**C** [ ]  
**Transaction ID : B4C6A96845**  
Amount of Each Disbursement this Period  
[ ] 7.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2020			

FEC Identification Number

**C** [ ]  
**Transaction ID : B12C9B5502I**  
Amount of Each Disbursement this Period  
[ ] 20.83

Memo Item

Full Name (Last, First, Middle Initial)

**C. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2020			

FEC Identification Number

**C** [ ]  
**Transaction ID : BB5A601923**  
Amount of Each Disbursement this Period  
[ ] 2.50

Memo Item

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

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

30.83
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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 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. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2020			

FEC Identification Number

**C** [ ]

**Transaction ID : B0907A13481**

Amount of Each Disbursement this Period

[ ] 4.25

Memo Item

Full Name (Last, First, Middle Initial)

**B. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2020			

FEC Identification Number

**C** [ ]

**Transaction ID : B60E05772D1**

Amount of Each Disbursement this Period

[ ] 2.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2020			

FEC Identification Number

**C** [ ]

**Transaction ID : B6BAFC169E**

Amount of Each Disbursement this Period

[ ] 2.50

Memo Item

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

[ ] 9.25

**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. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2020			

FEC Identification Number

**C** [ ]  
**Transaction ID : B2FEEB9A9E**  
Amount of Each Disbursement this Period  
[ ] 1.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2020			

FEC Identification Number

**C** [ ]  
**Transaction ID : B7A73EB839**  
Amount of Each Disbursement this Period  
[ ] 50.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Capital One Bank, NA**

Mailing Address

City  
Salt Lake City

State  
UT

Zip Code  
84130

Purpose of Disbursement  
Bank Fees (account maintenance fees)

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2020			

FEC Identification Number

**C** [ ]  
**Transaction ID : B99558F6771**  
Amount of Each Disbursement this Period  
[ ] 317.30

Memo Item

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

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

368.80
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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 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

City: Glendale State: CA Zip Code: 91201

Purpose of Disbursement: Bank Fees (credit card processing fees)

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
11 / 23 / 2020

FEC Identification Number

C  
**Transaction ID : BBD3F0F38C**  
 Amount of Each Disbursement this Period  
 25.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. USAePay**

Mailing Address

City: Glendale State: CA Zip Code: 91201

Purpose of Disbursement: Bank Fees (credit card processing fees)

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
11 / 23 / 2020

FEC Identification Number

C  
**Transaction ID : B1478A4B11f**  
 Amount of Each Disbursement this Period  
 15.95

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

MM / DD / YYYY

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)..... ▶

40.95  
745.75

# 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. MRVAN FOR CONGRESS

Mailing Address PO BOX 55

City  
CROWN POINT

State  
IN

Zip Code  
46308

Purpose of Disbursement  
2020 General Election Support

Candidate Name

**Mrvan, Frank, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: IN District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		20		2020

FEC Identification Number

**C** C00727529

**Transaction ID : B6034647E51**  
Amount of Each Disbursement this Period

1000.00

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 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 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)..... ▶

1000.00

1000.00