



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**American Podiatric Medical Association Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>	<input type="text"/>	<input type="text" value="216787.48"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="315877.65"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="13885.08"/>	<input type="text" value="188862.34"/>
(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="329762.73"/>	<input type="text" value="405649.82"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="106111.25"/>	<input type="text" value="181998.34"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="223651.48"/>	<input type="text" value="223651.48"/>
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).....	7428.84	129141.02
(ii) Unitemized .....	6455.00	49716.68
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	13883.84	178857.70
(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) .....	13883.84	178857.70
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	5000.60
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1.24	4.04
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	13885.08	188862.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	13885.08	188862.34

**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 .....	611.25	9998.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	611.25	9998.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	105500.00	171000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1000.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	106111.25	181998.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	106111.25	181998.34

**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) .....	13883.84	178857.70
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13883.84	177857.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	611.25	9998.34
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	5000.60
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	611.25	4997.74

**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 28
<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. Buitrago, Maria, Margarita, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1105 Peveto St

City Houston	State TX	Zip Code 77019-4016
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Foot Surgery Specialists of Texas	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
06	/	01	/	2023

**Transaction ID : A133364C7C2DE48FFB90**

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 100 Ayshire Ct.

City Slidell	State LA	Zip Code 70461-5034
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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 ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2023

**Transaction ID : A1509BAC2AED04E7BA8F**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Feit, Eric, Michael, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9629 Cresta Dr.

City Los Angeles	State CA	Zip Code 90035-4003
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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
06	/	23	/	2023

**Transaction ID : A288D4E6EB88F405B8E0**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<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 28
	<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. Glazer, Devon, N., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 57 Fairlane Rd.

City Laguna Niguel	State CA	Zip Code 92677-5321
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2023

**Transaction ID : A1384D634183D4D50B75**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address 294 W. Merrick Rd. #8

City Freeport	State NY	Zip Code 11520-3357
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2023

**Transaction ID : A4DEC00CD0602467FA78**

Amount of Each Receipt this Period  
250.00

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
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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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2023

**Transaction ID : AB0A057C27B1248B7B66**

Amount of Each Receipt this Period  
50.00

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 8 OF 28
	<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. Green, Tyson, E., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Center for Orthopaedics  
 1747 Imperial Blvd.  
 City Lake Charles State LA Zip Code 70605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Center for Orthopaedics Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 06 / 11 / 2023  
**Transaction ID : A321B64AC037444CF817**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Kassnove, Matthew, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 Deepdale Dr.  
 City Commack State NY Zip Code 11725-5506  
 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 06 / 02 / 2023  
**Transaction ID : A0BD9B3285E2F4A1D9A5**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Keating, Daniel, B., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Excelsior Orthopaedics  
 3925 Sheridan Dr. #100  
 City Amherst State NY Zip Code 14226-1738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 04 / 2023  
**Transaction ID : AE7593B515FD343B582C**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 800.00  
**TOTAL** This Period (last page this line number only).....▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 28
	<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. 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 ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2023

**Transaction ID : A61F190B7F3F24FCB8F5**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address University Podiatry Group  
100 Medical Plaza Driveway #460

City Los Angeles	State CA	Zip Code 90095-0001
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2023

**Transaction ID : AAACF3BBC778C494FB22**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Lemon, Jamelah, Patrice, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Physicians Footcare  
3471 W. Montague Ave.

City North Charleston	State SC	Zip Code 29418-5938
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Physicians Footcare	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
06		24		2023

**Transaction ID : A89F9D0AFD9384A4F929**

Amount of Each Receipt this Period  
300.00

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 10 OF 28
<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. 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pillsbury Medical Bldg.	Occupation (for Individual) Podiatric Physician
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2023

**Transaction ID : A0CCB09FF6FC0403A9E2**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Miller, Jason, Christopher, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1330 Kingwood Dr. #200

City Kingwood	State TX	Zip Code 77339-3038
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2023

**Transaction ID : A84C9AB998A7C4E218CF**

Amount of Each Receipt this Period  
85.00

Memo Item

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

Mailing Address 25135 Sagebush Way

City Corona	State CA	Zip Code 92883-3045
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Western University of Health Sciences	Occupation (for Individual) Podiatric Physician
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2023

**Transaction ID : A6461C26FC6FE44699BE**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	435.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 28
	<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. Pham, Nha, T., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Foot & Ankle Medical Group  
 2039 Forest Ave. #206  
 City San Jose State CA Zip Code 95128-4815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Foot & Ankle Medical Group 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  
 06 / 23 / 2023  
**Transaction ID : A4CB60799C2424208980**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Rambacher, Thomas, E., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26302 La Paz Rd. #101  
 City Mission Viejo State CA Zip Code 92691-5327  
 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  
 06 / 23 / 2023  
**Transaction ID : AC436A8D697E1443C931**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Rotwein, Todd, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 Front St. #306  
 City Hempstead State NY Zip Code 11550-3601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2023  
**Transaction ID : A555ECC3713D5441FAED**  
 Amount of Each Receipt this Period  
 250.00  
 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 28
	<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. Schink, Andrew, C., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1715 Cameo Dr.  
 City Eugene State OR Zip Code 97405-5897  
 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 **06 / 29 / 2023**  
**Transaction ID : A92C9D5DE2733444929**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Shollenberger, Bradly, S., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Berks Footcare Specialists, P.C.  
 4885 DeMoss Rd. #103  
 City Reading State PA Zip Code 19606-9024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Berks Foot Specialists Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 10 / 2023**  
**Transaction ID : AEA26F62FA6E34A75927**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Simons, Andrea, K., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Looking Glass Foot & Ankle Center  
 13765 S Sedona Pkwy.  
 City Dewitt State MI Zip Code 48820  
 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 **06 / 15 / 2023**  
**Transaction ID : AEB42EE3D07EF4B3AB84**  
 Amount of Each Receipt this Period 250.00  
 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 13 OF 28
<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. Stones, Gary, F., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Island Podiatry Associates**  
1575 Hillside Ave. #104

City **New Hyde Park** State **NY** Zip Code **11040**

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 ▼ **510.00**

Date of Receipt **06 / 02 / 2023**

**Transaction ID : A4C6FF646A8BA4CD3A10**

Amount of Each Receipt this Period **5.00**

Memo Item

**B. Stones, Gary, F., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Island Podiatry Associates**  
1575 Hillside Ave. #104

City **New Hyde Park** State **NY** Zip Code **11040**

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 ▼ **510.00**

Date of Receipt **06 / 02 / 2023**

**Transaction ID : AE224980D0CC949F984C**

Amount of Each Receipt this Period **5.00**

Memo Item

**C. Tepper, Jan, David, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **984 W. Foothill Blvd. #B**

City **Upland** State **CA** Zip Code **91786-3787**

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **06 / 21 / 2023**

**Transaction ID : A0630E3C5C0C64527A13**

Amount of Each Receipt this Period **1000.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **1010.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 28
	<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. Thomajan, Craig, H., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Austin Foot and Ankle Specialists  
5000 Bee Caves Rd. #202

City West Lake Hills	State TX	Zip Code 78746-5254
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Austin Foot and Ankle Specialists	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2023

**Transaction ID : A840F04230FF34679A39**

Amount of Each Receipt this Period  
100.00

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 ▼  
503.04

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2023

**Transaction ID : A4B69005A34E94E5B81E**

Amount of Each Receipt this Period  
83.84

Memo Item

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

Mailing Address 45775 Corte Carmello

City Temecula	State CA	Zip Code 92592-1260
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2023

**Transaction ID : AEC3DC53E81FD44D988E**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	433.84
<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: PAGE 15 OF 28  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A. Wargula, Alanna, Lee, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 175 Park St.  
 City Lakeport State CA Zip Code 95453-4803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NCMA Health Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 23 / 2023  
**Transaction ID : AEDD7DFC11DED457C849**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Wu, Wendy, H., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 N. Garfield Ave. #210  
 City Monterey Park State CA Zip Code 91754-1242  
 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 / D D / Y Y Y Y  
 06 / 24 / 2023  
**Transaction ID : AA42FAED3B1C44FC193D**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	7428.84

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Capital One Financial (COF)**

Mailing Address P.O. Box 30285

City  
Salt Lake City

State  
UT

Zip Code  
84130-0285

Purpose of Disbursement  
Merchant Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 09 / 2023

FEC Identification Number

C  
**Transaction ID : B60C6224997**  
Amount of Each Disbursement this Period  
204.35

Memo Item

Full Name (Last, First, Middle Initial)

**B. Sandy Spring Bank**

Mailing Address 17801 Georgia Ave

City  
Olney

State  
MD

Zip Code  
20832-2233

Purpose of Disbursement  
Maintenance Bill

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2023

FEC Identification Number

C  
**Transaction ID : B67F0AE3E3**  
Amount of Each Disbursement this Period  
59.40

Memo Item

Full Name (Last, First, Middle Initial)

**C. Square**

Mailing Address 1455 Market Street, Suite 600

City  
San Francisco

State  
CA

Zip Code  
94103-1332

Purpose of Disbursement  
Bank Fees (credit card processing fees)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2023

FEC Identification Number

C  
**Transaction ID : B9C4FBF677**  
Amount of Each Disbursement this Period  
321.50

Memo Item

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

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

585.25



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. USAePay

Mailing Address 1455 Market Street, Suite 600

City  
Glendale

State  
CA

Zip Code  
91201

Purpose of Disbursement  
Merchant Fee

Candidate Name

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
0	6		0	6		2	0	2	3		

FEC Identification Number

C [ ]

**Transaction ID : B66631548Df**

Amount of Each Disbursement this Period

[ ] 26.00 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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)..... ▶

[ ] 26.00 [ ]

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

[ ] 611.25 [ ]

# 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. ALAMO PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	01	/	2023

Mailing Address 919 CONGRESS AVE  
SUITE 1400

FEC Identification Number

C	C00387464
---	-----------

City AUSTIN State TX Zip Code 78701

Transaction ID : B434C81A63  
Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution to Committee

Category/ Type
-------------------

5000.00
---------

Candidate Name  
**ALAMO PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2023  
 Primary  General  
 Other (specify) ▼  
Other

Memo Item

Full Name (Last, First, Middle Initial)

### B. BILL CASSIDY FOR US SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	01	/	2023

Mailing Address PO BOX 80505

FEC Identification Number

C	C00543983
---	-----------

City Baton Rouge State LA Zip Code 70898-0505

Transaction ID : BBE0C55997I  
Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution to Committee

Category/ Type
-------------------

2500.00
---------

Candidate Name  
**Cassidy, Bill, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify)

Memo Item

Full Name (Last, First, Middle Initial)

### C. Blumenauer For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	01	/	2023

Mailing Address 1631 NE BROADWAY #343

FEC Identification Number

C	C00307314
---	-----------

City Portland State OR Zip Code 97232-1425

Transaction ID : BBDE838CC  
Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution to Committee

Category/ Type
-------------------

5000.00
---------

Candidate Name  
**Blumenauer, Earl, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Memo Item

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

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

12500.00
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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 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. BONAMICI FOR CONGRESS

Mailing Address PO BOX 1632

City  
Beaverton

State  
OR

Zip Code  
97075-1632

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Bonamici, Suzanne, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: OR District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	2	3

FEC Identification Number

**C** C00500421

**Transaction ID : B1DB0B781E**

Amount of Each Disbursement this Period

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

Memo Item

Full Name (Last, First, Middle Initial)

## B. BRIAN FITZPATRICK FOR ALL OF US

Mailing Address PO BOX 939

City  
Langhorne

State  
PA

Zip Code  
19047-0939

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Fitzpatrick, Brian, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify)

State: PA District: 01

Date of Disbursement

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

FEC Identification Number

**C** C00607416

**Transaction ID : B390FAE827:**

Amount of Each Disbursement this Period

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

Memo Item

Full Name (Last, First, Middle Initial)

## C. CONTINUING AMERICA'S STRENGTH AND SECURITY PAC

Mailing Address PO BOX 80505

City  
BATON ROUGE

State  
LA

Zip Code  
70898

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**CONTINUING AMERICA'S STRENGTH AND SECURITY PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2023  
 Primary  General  
 Other (specify) ▼

State: District: Other

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	2	3

FEC Identification Number

**C** C00480228

**Transaction ID : BEDFC16B4;**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

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

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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**

**A. CURTIS FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 439 New Jersey Ave SE

City Washington State DC Zip Code 20003-4034

Purpose of Disbursement Contribution to Committee

Candidate Name Curtis, John, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: UT District: 03

Date of Disbursement: 06 / 20 / 2023

FEC Identification Number: C00647339  
Transaction ID : B26F14C0DD  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**B. DARREN SOTO FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 421349

City Kissimmee State FL Zip Code 34742-1349

Purpose of Disbursement Contribution to Committee

Candidate Name Soto, Darren, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: FL District: 09

Date of Disbursement: 06 / 08 / 2023

FEC Identification Number: C00581074  
Transaction ID : B00CFBBAD:  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. DEBBIE DINGELL FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 972480

City Ypsilanti State MI Zip Code 48197-0303

Purpose of Disbursement Contribution to Committee

Candidate Name Dingell, Debbie, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: MI District: 06

Date of Disbursement: 06 / 08 / 2023

FEC Identification Number: C00558213  
Transaction ID : BB022BB21C  
Amount of Each Disbursement this Period: 5000.00

Memo Item

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

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

12000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Doggett For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 5843

City Austin State TX Zip Code 78763-5843

Purpose of Disbursement Contribution to Committee

Candidate Name **Doggett, Lloyd, , Rep., II**

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼

State: TX District: 37

Date of Disbursement: 06 / 01 / 2023

FEC Identification Number: C00286500  
Transaction ID : BDA39E8752  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**B. DR JOHN JOYCE FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 1002 LOGAN BLVD STE 114 #237

City ALTOONA State PA Zip Code 16602

Purpose of Disbursement Contribution to Committee

Candidate Name **Joyce, John, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼

State: PA District: 13

Date of Disbursement: 06 / 15 / 2023

FEC Identification Number: C00674259  
Transaction ID : BC68E3C72D  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**C. FEENSTRA FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 641 2ND ST

City HULL State IA Zip Code 51239

Purpose of Disbursement Contribution to Committee

Candidate Name **Feenstra, Randy, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼

State: IA District: 04

Date of Disbursement: 06 / 08 / 2023

FEC Identification Number: C00693663  
Transaction ID : B539946FC6  
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

8500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Granite Values PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 105 N State Street

City Concord State NH Zip Code 03301-4334

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Granite Values PAC**

Office Sought:  House  Senate  President  
Disbursement For: 2023  Primary  General  Other (specify)  Other

State: District:

Date of Disbursement: 06 / 01 / 2023

FEC Identification Number: C00629311  
Transaction ID : B5FCD58A15  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**B. Heartland Values PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 505

City Sioux Falls State SD Zip Code 57101-0505

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Heartland Values PAC**

Office Sought:  House  Senate  President  
Disbursement For: 2023  Primary  General  Other (specify)  Other

State: District:

Date of Disbursement: 06 / 01 / 2023

FEC Identification Number: C00409003  
Transaction ID : B996CA984D  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. JASON SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 1324

City Cape Girardeau State MO Zip Code 63702-1324

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Smith, Jason, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify)  Other

State: MO District: 08

Date of Disbursement: 06 / 13 / 2023

FEC Identification Number: C00541862  
Transaction ID : B913293E2E  
Amount of Each Disbursement this Period: 5000.00

Memo Item

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

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

15000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

## A. KATHERINE CLARK FOR CONGRESS

Mailing Address 600 PENNSYLVANIA AVE SE #15180

City Washington State DC Zip Code 20003-7508

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Clark, Katherine, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼

State: MA District: 05

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2023

FEC Identification Number

**C** C00541888

Transaction ID : **BD2DB0AF8I**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

## B. Larson For Congress

Mailing Address PO BOX 261172

City Hartford State CT Zip Code 06126-1172

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Larson, John, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify)

State: CT District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2023

FEC Identification Number

**C** C00330142

Transaction ID : **BE17237A40F**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

## C. MAGGIE FOR NH

Mailing Address PO BOX 298

City Concord State NH Zip Code 03302-0298

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Hassan, Maggie, , Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2028  Primary  General  Other (specify) ▼

State: NH District:

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2023

FEC Identification Number

**C** C00588772

Transaction ID : **B295920192I**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

11000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Matsui For Congress**

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812-1738

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Matsui, Doris, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼  
State: CA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	2	3

FEC Identification Number

**C** C00409219

**Transaction ID : B38D0A2302I**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MICHELLE STEEL FOR CONGRESS**

Mailing Address 9070 IRVINE CENTER DRIVE SUITE 150

City Irvine State CA Zip Code 92618-4691

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Steel, Michelle, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify)  
State: CA District: 45

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	2	3

FEC Identification Number

**C** C00704981

**Transaction ID : B0A746BD07:**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MIKE KELLY FOR CONGRESS**

Mailing Address PO BOX 476

City Lyndora State PA Zip Code 16045-0476

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Kelly, Mike, , Rep., Jr.**

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼  
State: PA District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	2	3

FEC Identification Number

**C** C00474189

**Transaction ID : B19E39366A**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

11000.00



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

### A. Montanans For Tester

Mailing Address PO Box 1135

City Helena State MT Zip Code 59624

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Tester, Jon, , Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼  
State: MT District:

Date of Disbursement  
MM / DD / YYYY  
06 / 01 / 2023

FEC Identification Number  
C00412304  
**Transaction ID : BBD9028A10**  
Amount of Each Disbursement this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. Mr Southern Missourian in the House

Mailing Address PO BOX 30844

City Bethesda State MD Zip Code 20824

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Mr Southern Missourian in the House**

Office Sought:  House  Senate  President  
Disbursement For: 2023  Primary  General  Other (specify) Other

Date of Disbursement  
MM / DD / YYYY  
06 / 13 / 2023

FEC Identification Number  
C00563726  
**Transaction ID : B77370ACE0I**  
Amount of Each Disbursement this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. MRVAN FOR CONGRESS

Mailing Address PO BOX 55

City Crown Point State IN Zip Code 46308-0055

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Mrvan, Frank, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼  
State: IN District: 01

Date of Disbursement  
MM / DD / YYYY  
06 / 01 / 2023

FEC Identification Number  
C00727529  
**Transaction ID : B50C7A90B4**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

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

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

11000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Pascrell for Congress, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2023

Mailing Address PO Box 100

FEC Identification Number

C	C00313510
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City  
Teaneck

State  
NJ

Zip Code  
07666-0100

**Transaction ID : BCA8CFEC1/**  
Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution to Committee

Category/ Type
-------------------

2000.00
---------

Candidate Name

**Pascrell, Bill, , Rep., Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: NJ District: 09

Memo Item

Full Name (Last, First, Middle Initial)

**B. PEOPLE FOR DEREK KILMER**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2023

Mailing Address PO BOX 1381

FEC Identification Number

C	C00514893
---	-----------

City  
Tacoma

State  
WA

Zip Code  
98401-1381

**Transaction ID : B7E3E95DE5I**  
Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution to Committee

Category/ Type
-------------------

1000.00
---------

Candidate Name

**Kilmer, Derek, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: WA District: 06

Memo Item

Full Name (Last, First, Middle Initial)

**C. SCOTT PETERS FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	08	/	2023

Mailing Address PO BOX 22074

FEC Identification Number

C	C00503110
---	-----------

City  
San Diego

State  
CA

Zip Code  
92192-2074

**Transaction ID : B3765C4259I**  
Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution to Committee

Category/ Type
-------------------

5000.00
---------

Candidate Name

**Peters, Scott, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: CA District: 50

Memo Item

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

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

8000.00
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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 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. Tammy Baldwin For Senate**

Mailing Address P.O. Box 696

City  
Madison

State  
WI

Zip Code  
53701-0696

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Baldwin, Tammy, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: WI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	2	3

FEC Identification Number

**C** C00326801

**Transaction ID : B85B2DD99F**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Tammy Baldwin For Senate**

Mailing Address P.O. Box 696

City  
Madison

State  
WI

Zip Code  
53701-0696

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Baldwin, Tammy, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: WI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	2	3

FEC Identification Number

**C** C00326801

**Transaction ID : B35D14CEAF**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Texans For Senator John Cornyn Inc**

Mailing Address PO Box 13026

City  
Austin

State  
TX

Zip Code  
78711-3026

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Cornyn, John, , Sen., III**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: TX District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	2	3

FEC Identification Number

**C** C00369033

**Transaction ID : B9668B8AA6**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

8	5	0	0	0	0
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. Walberg For Congress

Mailing Address PO Box 1362  
317 W WASHINGTON AVE

City Jackson State MI Zip Code 49204-1362

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Walberg, Tim, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼  
State: MI District: 05

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2023

FEC Identification Number

**C** C00390724

Transaction ID : B6334225261

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

MM / DD / YYYY

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

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)..... ▶

1000.00

105500.00