

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

5. Covering Period  /  /  2024 through  /  /  2024

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

Signature of Treasurer **McCann, William, N., Dr.,** Date  /  /  2024

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: 03 / 01 / 2024 To: 03 / 31 / 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		101135.56
(b) Cash on Hand at Beginning of Reporting Period.....	62346.19	
(c) Total Receipts (from Line 19) .....	51135.68	105948.38
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	113481.87	207083.94
7. Total Disbursements (from Line 31).....	308.98	93911.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	113172.89	113172.89
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**American Podiatric Medical Association Political Action Committee**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	42317.84	83412.86
(ii) Unitemized .....	8816.96	21534.64
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	51134.80	104947.50
(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) .....	51134.80	104947.50
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.).....	0.88	0.88
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)).....▶	51135.68	105948.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	51135.68	105948.38

**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 .....	308.98	2061.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	308.98	2061.05
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	91500.00
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	350.00
(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	350.00
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)) ..	308.98	93911.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	308.98	93911.05

**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) .....	51134.80	104947.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	350.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	51134.80	104597.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	308.98	2061.05
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	308.98	2061.05

**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 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <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. Albright, Rachel, H., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1340 Wasington Blvd. #219  
 City Stamford State CT Zip Code 06902-8813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Stamford Health Medical Group Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 12 / 2024  
**Transaction ID : A3EA72DC83BFC4407B5E**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Bisbee, Brooke, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Family Foot Health Center PA 200 S. 20th St. #B  
 City Rogers State AR Zip Code 72758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Family Foot Health Center, P.A. Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 04 / 2024  
**Transaction ID : A303751E1558144A086D**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Block, Alan, J., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 308 Logan St.  
 City Kingstree State SC Zip Code 29556-2431  
 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 03 / 17 / 2024  
**Transaction ID : A2DCC4ABF5EA945B899A**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<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 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Branwell, John, P., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 37 Seeley Ave.  
 City Kearny State NJ Zip Code 07032-1806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2024  
**Transaction ID : A81C5AE112F5F4436A5C**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Campbell, Leslie, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1111 Raintree Cir. #200  
 City Allen State TX Zip Code 75013-4902  
 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 ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2024  
**Transaction ID : AE58862BFEAB74F17B76**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

**C. Campo, Frank, S., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address North End Foot Center 260 North St.  
 City Boston State MA Zip Code 02113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N. End Foot Center 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  
 03 / 15 / 2024  
**Transaction ID : AAC047B7ED43C4477BFF**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3050.00
<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 31
<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. Christina, Jim, R., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Glendorian Ct

City Cockeysville	State MD	Zip Code 21030-2407
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) APMA	Occupation (for Individual) Executive Director/CEO
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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
03	/	10	/	2024

**Transaction ID : ADE12C131365241259AB**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Chun, Michael, K. Y., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Pali Momi Medical Center  
98-1079 Moanalua Rd. #400

City Aiea	State HI	Zip Code 96701
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kapiolani Med. Ctr. At Pali Momi	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
03	/	07	/	2024

**Transaction ID : A4FBDB24EC9C94F09846**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. DeHeer, Patrick, A., Dr., DPM**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6910 Steven Ln

City Indianapolis	State IN	Zip Code 46260-4176
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) St. Vincent Hospital	Occupation (for Individual) Podiatric Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2024

**Transaction ID : A998E4F0B523E465BB7C**

Amount of Each Receipt this Period  
2500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<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 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Eisner, Richard, S., Dr.,</b>			Date of Receipt MM / DD / YYYY 03 / 01 / 2024 <b>Transaction ID : AEC5BDD42D53647FBAA1</b>		
Mailing Address 55 Highland Ave. #103			Amount of Each Receipt this Period 500.00		
City Salem	State MA	Zip Code 01970-2100	Memo Item <input type="checkbox"/>		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Self-Employed		Occupation (for Individual) Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Elliott, Denise, Lea, Dr.,</b>			Date of Receipt MM / DD / YYYY 03 / 12 / 2024 <b>Transaction ID : A44BC0696D3BE4F2EABD</b>		
Mailing Address Foot & Ankle Center 1111 Medical Center Blvd. #N507			Amount of Each Receipt this Period 500.00		
City Marrero	State LA	Zip Code 70072-3156	Memo Item <input type="checkbox"/>		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Foot and Ankle Center, LLC		Occupation (for Individual) Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Ezewuiro, Robert, Nwachukwu, Dr.,</b>			Date of Receipt MM / DD / YYYY 03 / 21 / 2024 <b>Transaction ID : A8DE0CCE22CD04CB0B63</b>		
Mailing Address 7205 Dove Field Ln.			Amount of Each Receipt this Period 365.00		
City Fort Mill	State SC	Zip Code 29707-7846	Memo Item <input type="checkbox"/>		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Instride Carolina Podiatry		Occupation (for Individual) Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 365.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1365.00
<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 31
	<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. Findling, Jeffrey, J., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1191 Pineview #H

City Morgantown	State WV	Zip Code 26505-2778
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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
03		04		2024

**Transaction ID : AB49648F0FB2E4239BA8**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Gangwer, Zackary, Bryan, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 617 N. 18th St.

City Norfolk	State NE	Zip Code 68701-3652
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Faith Regional Physician Services 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
03		17		2024

**Transaction ID : A4754C677CE7C496C92D**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 77685 Justin Ct.

City Palm Desert	State CA	Zip Code 92211-6238
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2024

**Transaction ID : A1D1C5578DFC94A54B28**

Amount of Each Receipt this Period  
80.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	630.00
<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 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Green, Tyson, E., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Center for Orthopaedics  
 1747 Imperial Blvd.  
 City Lake Charles    State LA    Zip Code 70605  
 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 ▼ 800.00

Date of Receipt 03 / 16 / 2024  
**Transaction ID : A12C76074C846484F96C**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. 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 ▼ 1100.00

Date of Receipt 03 / 21 / 2024  
**Transaction ID : AB6C4EB286C2D49FAAC0**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Gronborg, Gerald, Evans, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 509 S. Juliana St.  
 City Bedford    State PA    Zip Code 15522-1829  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Central PA Podiatry    Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 16 / 2024  
**Transaction ID : AB93148CFC320483C9A0**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<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 31
<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. Groves, Mack, Jay, Dr., IV**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Foot & Ankle Health Center  
 323 S. Tyler St.  
 City Covington State LA Zip Code 70433  
 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  
 03 / 11 / 2024  
**Transaction ID : A38AF722EC0134531A0A**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Haag, Scott, L., Mr., JD**  
 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) APMA Occupation (for Individual) Association Executive  
 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  
 03 / 16 / 2024  
**Transaction ID : A29174347304A44C79A3**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Harkless, Lawrence, B., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13103 Country Trl.  
 City San Antonio State TX Zip Code 78216-2330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Western Univ. of Health Sciences 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  
 03 / 16 / 2024  
**Transaction ID : A1DA6571CB5E542979F3**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<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 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <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. Harris, William, , Dr., IV**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1885 Overbrook Dr.  
 City Rock Hill State SC Zip Code 29732-1536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) InStride Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2024  
**Transaction ID : A2924354BCEF94B199D9**  
 Amount of Each Receipt this Period  
 365.00  
 Memo Item

**B. Hudson, Catherine, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1111 Medical Center Blvd. #N-507  
 City Marrero State LA Zip Code 70072-3156  
 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  
 03 / 14 / 2024  
**Transaction ID : A52E646F4758A42DB8B0**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Huish, James, P., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2240 W. 16th St.  
 City Safford State AZ Zip Code 85546-4081  
 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  
 03 / 12 / 2024  
**Transaction ID : A0B617BF236CA47FA870**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1365.00
<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 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Hultman, Jon, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7311 Greenhaven Dr. #208

City Sacramento	State CA	Zip Code 95831-3586
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) California Podiatric Medical Associati	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  
 03 / 15 / 2024

**Transaction ID : ADF83D26792CC4784A01**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Husain, Zeeshan, Shahriar, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3834 Mesa Dr.

City Troy	State MI	Zip Code 48083-6509
--------------	-------------	------------------------

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

Name of Employer (for Individual) Great Lakes Foot and Ankle Institute	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  
 03 / 07 / 2024

**Transaction ID : ABB130DFA9F684990B09**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Jenkins, Jondelle, B., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address J.B. Jenkins & Associates  
 1706 E. 87th St.

City Chicago	State IL	Zip Code 60617-2740
-----------------	-------------	------------------------

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

Name of Employer (for Individual) J.B. Jenkins & Associates	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2024

**Transaction ID : A2AB27798C80542748E7**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 31
	<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. Jensen, Ronald, D., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2609 Pinot Ln  
 City Modesto State CA Zip Code 95356-0616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sutter Gould Medical Foundation Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 16 / 2024  
**Transaction ID : A50A36F7477474F3EA73**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. 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 ▼ 300.00

Date of Receipt 03 / 16 / 2024  
**Transaction ID : A0124B4B0DBF34F44BBA**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Kirakosian, Arman, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 239 Mansfield Dr.  
 City South San Francisco State CA Zip Code 94080-1043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) V.A.M.C. Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 09 / 2024  
**Transaction ID : A9F8E745431DA4B73975**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<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 31
<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. Kirakosian, Arman, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 239 Mansfield Dr.  
 City South San Francisco State CA Zip Code 94080-1043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) V.A.M.C. Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 16 / 2024  
**Transaction ID : A35B05B391C7A436C821**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Ladha, Zahid, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3544 Marquis Ct.  
 City Floyds Knobs State IN Zip Code 47119-9766  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 03 / 03 / 2024  
**Transaction ID : A484513EF1B7E4B229AA**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Lambert, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3375-F Capital Cir. N.E. #201  
 City Tallahassee State FL Zip Code 32308-3736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Florida Podiatric Medical Assn. Occupation (for Individual) CEO/Executive Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 12 / 2024  
**Transaction ID : AFEF6879C1F3140C99B7**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<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 17 OF 31
	<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. Landers, Sabrina, L., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Keir Foot And Ankle Specialists  
 11628 S Western Ave.  
 City Chicago State IL Zip Code 60643-4730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Keir Foot & Ankle 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  
 03 / 16 / 2024  
**Transaction ID : A6F7C56846A304BD6AA1**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Lenet, Marc, D., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 Crossroads Dr. #210  
 City Owings Mills State MD Zip Code 21117-5467  
 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  
 03 / 16 / 2024  
**Transaction ID : A8891FFBA0B39423CAAD**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Long, William, S., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 805 Toulon Court  
 City Greer State SC Zip Code 29651-7071  
 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 ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2024  
**Transaction ID : A7F40403876F64B5DA02**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5600.00
<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 31
	<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. Martin, Carla, Arnette, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9065 E. Sandidge Center Cove #C  
 City Olive Branch State MS Zip Code 38654-3574  
 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 **03 / 17 / 2024**  
**Transaction ID : A3C165C15BAED4B4FBC3**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. McAloon, Carolyn, E., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Bay Area Foot Care 20130 Lake Chabot Rd., Suite 202  
 City Castro Valley State CA Zip Code 94546-5340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bay Area Foot Care Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 03 / 2024**  
**Transaction ID : AE3BE114344894012AED**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. McCabe, Thomas, J., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3106 Tremainsville  
 City Toledo State OH Zip Code 43613-1804  
 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 **03 / 16 / 2024**  
**Transaction ID : A990EF308CFF342F79B9**  
 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 19 OF 31
<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. McKenna, Bryon, James, Dr.,**  
 Mailing Address 1433 Burma Rd.  
 City Thibodaux State LA Zip Code 70301-6187  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Thibodaux Regional Health Systems Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 10 / 2024**  
**Transaction ID : AC41E57B8CE2248829D3**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. McShane, Patrick, A., Dr.,**  
 Mailing Address 2605 S. Marlan Ave.  
 City Springfield State MO Zip Code 65804-3808  
 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 ▼ 1024.00

Date of Receipt **03 / 16 / 2024**  
**Transaction ID : A27722E601787450FBD8**  
 Amount of Each Receipt this Period 1024.00  
 Memo Item

**C. Mendoza, Gina, , Dr.,**  
 Mailing Address 109 Jasmine Ct.  
 City Gallatin State TN Zip Code 37066-7143  
 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 **03 / 17 / 2024**  
**Transaction ID : AF5CBAA599B5F42FBB43**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 1824.00  
**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 20 OF 31
<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. Merena, Stephen, John, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Vista Ct.  
 City Jericho State VT Zip Code 05465-2527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Vermont Medical Center 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  
 03 / 03 / 2024  
**Transaction ID : A218C500CB70A49DA932**  
 Amount of Each Receipt this Period  
 500.00  
 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  
 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 ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2024  
**Transaction ID : ADA9E71438343462BB93**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**C. Moore, Patricia, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 52303 Emmons Rd. #30  
 City South Bend State IN Zip Code 46637-4288  
 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  
 03 / 16 / 2024  
**Transaction ID : A8C58965D54CF4FE0AD3**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	885.00
<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 31
<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Nassoor, George, Michael, Dr.,**

Mailing Address 430 Memorial Pkwy.

City Phillipsburg	State NJ	Zip Code 08865-1573
----------------------	-------------	------------------------

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
03	/	16	/	2024

**Transaction ID : A54A958C0C97742C8A45**

Amount of Each Receipt this Period  
200.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Pantiel, Derek, T., Dr.,**

Mailing Address Summit Podiatry  
1602 Doctor's Cir.

City Wilmington	State NC	Zip Code 28401-7406
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Instride Summit Podiatry	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
03	/	16	/	2024

**Transaction ID : ABAD3FA647C7749398B0**

Amount of Each Receipt this Period  
1000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Percival, Brandon, Scot, Dr.,**

Mailing Address P.O. Box 325

City Lancaster	State SC	Zip Code 29721-0325
-------------------	-------------	------------------------

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 ▼  
365.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2024

**Transaction ID : AE3435D601F9F4EF8B01**

Amount of Each Receipt this Period  
365.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1565.00
<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 22 OF 31
	<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. Petty, Jeffrey, S., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Family Foot & Ankle Centers  
 3229 W. 7th Ave.  
 City Corsicana State TX Zip Code 75110-4817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Podiatric Medical Partners 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  
 03 / 12 / 2024  
**Transaction ID : A47581274EF674A06B13**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Pinker, Mark, E., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Pinker & Associates  
 47 Brookwood Ave.  
 City Carlisle State PA Zip Code 17015-9126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pinker & Associates Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2024  
**Transaction ID : A3BC3C1915EFC418B848**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Rawski, Robert, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W239 N2344 Hawk's Meadow Ct.  
 City Waukesha State WI Zip Code 53188-1908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ascension Medical Group 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  
 03 / 28 / 2024  
**Transaction ID : A116ACFF532C041E5A6A**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<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 31
	<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. Robertozzi, Christian, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 43 Douma Dr.  
 City Newton State NJ Zip Code 07860-1558  
 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 03 / 16 / 2024  
**Transaction ID : AE2038377BC514475B2A**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Ross, Jeffrey, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7200 Cambridge St. #68  
 City Houston State TX Zip Code 77030-4202  
 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 03 / 12 / 2024  
**Transaction ID : AAC4359B0E84146B3B04**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**C. Rubenstein, Seth, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1322 Pavilion Club Way  
 City Reston State VA Zip Code 20194-1338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Foot and Ankle Specialists of the Mid- Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 16 / 2024  
**Transaction ID : AC6E5A03BF31447EE87D**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1400.00
<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 24 OF 31
<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. Russell, Denis, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18210 Wickham Rd  
 City Olney State MD Zip Code 20832-3101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Podiatric Medical Association Occupation (for Individual) Association Staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **03 / 17 / 2024**  
**Transaction ID : AC4049F5748CB47A59BB**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Russell, Sarah, E., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15833 Briar Dr.  
 City Overland Park State KS Zip Code 66224-3893  
 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 **03 / 16 / 2024**  
**Transaction ID : A0EBAC25129EC4AA3B94**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Sage, Robert, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Beloit Clinic  
 1905 Huebbe Pkwy.  
 City Beloit State WI Zip Code 53511-1842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Beloit Health System Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **03 / 05 / 2024**  
**Transaction ID : A4856E945FB604BA4B1E**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2300.00
<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 31
	<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	

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. Schmid, Stephen, C., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23082 Highland Dr.  
 City Fergus Falls State MN Zip Code 56537-8176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lake Region Physicians Group Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 11 / 2024  
**Transaction ID : AC534FC0266B14B80A45**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Schulman, Barry, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Upperline Health /Village Podiatry 52 Mouse Creek Rd NW  
 City Cleveland State TN Zip Code 37312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) My Foot Doctor Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 11 / 2024  
**Transaction ID : AD1541BD6128A4966A1E**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Shumway, Clay, , Dr., Sr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6682 S. Cody Ln.  
 City West Jordan State UT Zip Code 84084-2020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Foot & Ankle Institute of Utah Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 23 / 2024  
**Transaction ID : AA593F51DC0BF45F58A5**  
 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

FOR LINE NUMBER: PAGE 26 OF 31
Use separate schedule(s) for each category of the Detailed Summary Page
[X] 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. Sivertson, Marit, M., Ms.,
Mailing Address 1465 Arcade St
City Saint Paul State MN Zip Code 55106-1740
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) MINNESOTA PODIATRIC MEDICAL ASSN. Occupation (for Individual) Executive Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 14 / 2024
Transaction ID : A9AFBCBBF1C2F4A848FF
Amount of Each Receipt this Period 1000.00
Memo Item

B. Smith, Steven, B., Dr.,
Mailing Address 2929 E 69th St.
City Tulsa State OK Zip Code 74136-4541
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 03 / 07 / 2024
Transaction ID : A520F6A0FD07548E38F8
Amount of Each Receipt this Period 300.00
Memo Item

C. Spohn-Gross, Holly, A., Dr.,
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) California Podiatric Medical Assn. Occupation (for Individual) Podiatric Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 08 / 2024
Transaction ID : A5C0E08F201F8464BB66
Amount of Each Receipt this Period 500.00
Memo Item

SUBTOTAL of Receipts This Page (optional) 1800.00
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 27 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Taylor, Douglas, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1855 San Miguel Dr. #30  
 City Walnut Creek State CA Zip Code 94596-5298  
 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 03 / 06 / 2024  
**Transaction ID : A9BE3F9AF870D4D1D8E5**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Thomajan, Craig, H., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Austin Foot and Ankle Specialists 5000 Bee Caves Rd. #202  
 City West Lake Hills State TX Zip Code 78746-5254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Austin Foot and Ankle Specialists Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 04 / 2024  
**Transaction ID : AAE665EC0AB2C447DAE9**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Tillo, Timothy, Hugh, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 316 Sawmill Ln.  
 City Ponte Vedra Beach State FL Zip Code 32082-4134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VA Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 06 / 2024  
**Transaction ID : A0D33C78BC72F4960884**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<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 28 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Tower, Dyane, E., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9312 Old Georgetown Rd

City Bethesda	State MD	Zip Code 20814-1621
------------------	-------------	------------------------

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 ▼  
251.52

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2024

**Transaction ID : A9E930EFC3F943E98DA**

Amount of Each Receipt this Period  
83.84

Memo Item

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

Mailing Address Foot & Ankle Spec. of the Mid-Atla  
11801 Rockville Pk. #105

City Rockville	State MD	Zip Code 20852-2714
-------------------	-------------	------------------------

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

Name of Employer (for Individual) USFAS	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
03	/	11	/	2024

**Transaction ID : A22F868F2622141928BF**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Virbulis, Sylvia, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4106 Amarillo Dr.

City Concord	State NC	Zip Code 28027-0404
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Piedmont Foot & Ankle Care	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
03	/	17	/	2024

**Transaction ID : A9902AED25FC24C1883E**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1583.84
<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: (check only one)	PAGE 29 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Walner, Benjamin, J., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4636 Dustin Road  
 City Burtonsville State MD Zip Code 20866-1029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Podiatric Medical Association Occupation (for Individual) Director  
 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  
 03 / 15 / 2024  
**Transaction ID : AC58443CBF46E440BB32**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Ward, Phillip, E., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 McNish Rd.  
 City Southern Pines State NC Zip Code 28387-2154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cape Fear Valley Health System 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  
 03 / 16 / 2024  
**Transaction ID : ACC109ED22E9946C488D**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Wray, John, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 916 Claremont Dr.  
 City Downers Grove State IL Zip Code 60516-3541  
 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  
 03 / 16 / 2024  
**Transaction ID : AB338BDB0735D4D7DB99**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1800.00
<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 30 OF 31		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

**A. Wrege, Steven, S., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Foot & Ankle Specialists Of NM**  
**5111 Juan Tabo Blvd NE #A**

City **Albuquerque** State **NM** Zip Code **87111-2698**

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

Name of Employer (for Individual) **Foot & Ankle Specialists of NM** 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  
**03 / 25 / 2024**

**Transaction ID : A2C561A0927294C8DB39**

Amount of Each Receipt this Period  
**300.00**

Memo Item

**B. Yeager, David, Alan, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Morrison Community Hospital**  
**303 N. Jackson St.**

City **Morrison** State **IL** Zip Code **61270-3042**

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

Name of Employer (for Individual) **Morrison Community Hospital** 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  
**03 / 06 / 2024**

**Transaction ID : A01D6A9D9AD314680B5B**

Amount of Each Receipt this Period  
**1000.00**

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>42317.84</b>

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Form A: Capital One Financial (COF). Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form B: Sandy Spring Bank. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

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

Summary table with two rows: SUBTOTAL of Disbursements This Page (optional) and TOTAL This Period (last page this line number only). Both show a total amount of 282.98.