PAGE 1 / 34

Image# 202101289413712383

**FEC** FORM 3X

### **REPORT OF RECEIPTS** AND DISBURSEMENTS

	For Other Than An Aut	norized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
American Podiatric M	edical Association Po	litical Action Committe	e <b>e</b>
ADDRESS (number and street)	9312 Old Georgetown Road	<b>i</b>	
▼ Check if different			
than previously reported. (ACC)	Bethesda		MD 20814-1621
2. FEC IDENTIFICATION N	UMBER ▼ CI	ΓY <b>▲</b>	STATE ▲ ZIP CODE ▲
C C00008839		S THIS NEW (N) O	R AMENDED (A)
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	Report Due On:	20 (M2) May 20 (I	M6) Sep 20 (M9) Dec 20 (M12) (Non-Election
(a) Quarterly Reports.	Apr	20 (M4) Jul 20 (M	Year Only) 7) Oct 20 (M10) Jan 31 (YE)
April 15 Quarterly Report (	Q1)		
July 15 Quarterly Report (	DDE Flortion	Primary (12P)  Convention (12C)	General (12G) Runoff (12R)  Special (12S)
October 15 Quarterly Report (			
January 31 Year-End Report (	YE) Election	on on 11 10	in the State of MD
July 31 Mid-Year Report (Non-electi Year Only) (MY)	on (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Repor (TER)		on on	in the State of
5. Covering Period 1	0 01 2020	through 10	M / D D / Y Y Y Y Y Y 14 2020
I certify that I have examined t	his Report and to the best of McCann, William, N., Dr.,	my knowledge and belief it is	s true, correct and complete.
Type or Print Name of Treasure	er		
Signature of Treasurer	Cann, William, N., Dr.,	[Electronically Filed]	Date 01 / 27 / 2021
NOTE: Submission of false, error	neous, or incomplete informatio	n may subject the person signir	ng this Report to the penalties of 52 U.S.C. § 3010
Office Use			FEC FORM 3X
Only			Rev. 05/2016

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

#### American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: 10 01 2020 To: 10 14 2020

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2020		403506.41
	(b) Cash on Hand at Beginning of Reporting Period	334574.78	
	(c) Total Receipts (from Line 19)	23448.62	191384.83
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	358023.40	594891.24
7.	Total Disbursements (from Line 31)	292.28	237160.12
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	357731.12	357731.12
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:

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

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016) Page 3

Write or Type Committee Name

#### American Podiatric Medical Association Political Action Committee

01 2020 10 14 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 15533.12 136189.31 (i) Itemized (use Schedule A)..... 7915.50 54195.52 (ii) Unitemized ..... (iii) TOTAL (add 190384.83 23448.62 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 190384.83 23448.62 Totals to Line 33, page 5) .....▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 1000.00 0.00 Political Committees..... 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3)..... 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) ....... (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))....... 191384.83 23448.62 20. Total Federal Receipts 23448.62 191384.83 (subtract Line 18(c) from Line 19) .......▶

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Allocated Federal/Non-Federal     Activity (from Schedule H4)		Jaistina. 1941 to Buto
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	292.28	5110.12
Expenditures	292.20	3110.12
(add 21(a)(i), (a)(ii), and (b))▶	292.28	5110.12
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	232000.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d))		7
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	50.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	50.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity (from Schedule H6)	0))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	292.28	237160.12
Total Federal Disbursements	202.20	20,100,12
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)		
HOTH LINE 31/	292.28	237160.12

34. Total Contribution Refunds

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016) III. Net Contributions/

**Operating Expenditures** 

Page 5 **COLUMN A** COLUMN B **Total This Period** Calendar Year-to-Date 33. Total Contributions (other than loans) 23448.62 190384.83 (from Line 11(d), page 3) ..... 0.00 50.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 190334.83 23448.62 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures 292.28 5110.12 (add Line 21(a)(i) and Line 21(b)) .......▶ 0.00 0.00 (from Line 15, page 3)..... 292.28 5110.12 (subtract Line 37 from Line 36) ......

Use separate schedule(s) for each category of the

l	F	OR	LINE	NU	IMBER	:	PAGE		6	OF		34
l	(0	che	ck only	or	ne)							
	<b>X</b> 11a 11b 11c 12											
			13		15		16	6		17		

Detailed Summary Page 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Abrahamsen, Thomas, , Dr., Date of Receipt Mailing Address 129 Kings Hwy. N. 2020 City Zip Code State Transaction ID: A519F47D408CD4BF6A23 CT Westport 06880-2438 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Berlin, Steven, J., Dr., Date of Receipt Mailing Address 6501 Red Hood Plz. #152 10 14 2020 City State Zip Code Transaction ID: AA677AD05F0FB4ADBB6F ۷I St Thomas 00802-1373 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Bernbach, Marc, R., Dr., Date of Receipt Mailing Address Waterbury Podiatry Consultants 14 2020 171 Grandview Ave. #104 City State Zip Code Transaction ID: A80EC877539844ABEA03 CT Waterbury 06708-2509 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Waterbury Podiatry Consultants Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 7 Use separate schedule(s) (check only one) **X** 11a 11b 11c

OF

34

for each category of the 12 Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Beylin, Mark, , Dr., Date of Receipt Mailing Address 2404 N. Courtenay Pkwy. 14 2020 City Zip Code State Transaction ID: A59F26BD5CBCD4B9FB45 FL Merritt Island 32953-4127 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bronfman, Richard, A., Dr., Date of Receipt Mailing Address 5213 N. Grandview St. 10 05 2020 City State Zip Code Transaction ID: AA75335DFED7D4289A29 AR Little Rock 72207-1905 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) AR Foot & amp; Ankle Clinic Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Caporusso, Joseph, M., Dr., Date of Receipt Mailing Address Complete Family Foot Care 2020 812 Lindberg Ave. City State Zip Code Transaction ID: AD3276858DB5D44999EC TX McAllen 78501-2930 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Futuro Clinical Trials Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 1100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

Use separate schedule(s) for each category of the

F	OR	LINE	NU	IMBER	:	PAGE		8	OF		34	
(0	che	ck only	or	ne)								
	<b>X</b> 11a 11b 11c 12											
		13		14		15		16	6		17	

Detailed Summary Page 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Caristo, Anthony, Michael, Dr., Date of Receipt Mailing Address Delaware Foot & Ankle Group 2600 Glasgow Ave. #101 2020 City Zip Code State Transaction ID: AFC64C7C546D44E14AB4 DE Newark 19702-5703 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Advanced Foot & Ankle Center Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Crowhurst, Jeffrey, A., Dr., Date of Receipt Mailing Address 1703 Polaris Cir. 10 2020 City State Zip Code Transaction ID: ACED0350B61C140F4BE5 IL Ottawa 61350-1683 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Davis, Elizabeth, Anne, Dr., Date of Receipt Mailing Address 513 CURLEW RD 02 2020 City State Zip Code Transaction ID: A9784DAB028874950BF3 FL Delray Beach 33444-1917 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 700.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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

FC	)K LIN	IF N	IMRFK	:	PAGE	=	9	OF		34	
(ch	(check only one)										
<b>X</b> 11a 11b 11c 12											
L	<b>X</b> 11a		11b		11c		12				
	13		14		15		16	;		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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Davis, Kirk, W., Dr., Date of Receipt Mailing Address 601 Wayne Ave. 2020 City Zip Code State Transaction ID: ABEE6B04AE12148AE8D6 PA Chambersburg 17201-3805 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. DeCesare, Joseph, A., Dr., Date of Receipt Mailing Address Federal Hill Podiatry Group 10 2020 201 Broadway City State Zip Code Transaction ID: A92A44DC5C4E7418A90D Providence RΙ 02903 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Federal Hill Podiatry Group Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Dellinger, Richard, Alexander, Dr., Date of Receipt Mailing Address 6579 Westminster 14 2020 City State Zip Code Transaction ID: A1C68C34703604BC99CF AR **Benton** 72019-6660 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1650.00 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c

34

for each category of the 12 Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Dewitt, James, E., Dr., Date of Receipt Mailing Address 1621 44th St. S.W. #500 2020 City Zip Code State Transaction ID: A3EB8B813FAAF4B87BC4 MI Wyoming 49509-7200 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Elardo, Thomas, John, Dr., DPM Date of Receipt Mailing Address 6904 Maiden Ln. 10 2020 City State Zip Code Transaction ID: A2A9B87BDE0EB44D8A45 CA San Jose 95120-3227 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Foot and Ankle Associates Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Evans, Richard, L., Dr., Date of Receipt Mailing Address 39755 Murrieta Hot Springs Rd. #D1 14 2020 City Zip Code State Transaction ID: A90A927C7DD7C48B4B99 CA Murrieta 92563-9110 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) **X** 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ezewuiro, Robert, Nwachukwu, Dr., Date of Receipt Mailing Address 1550 Banks Rd. #30 10 2020 City Zip Code State Transaction ID: AABDF6013580545A396A SC Fort Mill 29715-9517 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Instride Carolina Podiatry Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Feder, Marc, S., Dr., Date of Receipt Mailing Address Affiliated Podiatrists, Ltd. 10 14 2020 6445 N. Central Ave. City State Zip Code Transaction ID : A77D6B748011345B893D IL Chicago 60646-2901 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Affiliated Podiatrists, Ltd. Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Frimmel, Robert, , Dr., Date of Receipt Mailing Address Sarasota Footcare Center 03 2020 2000 Webber Street City State Zip Code Transaction ID: A40B6F7F77BD84562A20 FL Sarasota 34239 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sarasota Footcare Center Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 280.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

34

Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gagnon, Mark, J., Dr., Date of Receipt Mailing Address Advanced Podiatry 7355 Archer Ave. #D 2020 City Zip Code State Transaction ID: AF4060FD94AC74B2D819 IL Summit Argo 60501-1238 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Advanced Podiatry Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Giardina, Vito, N., Dr., Date of Receipt Mailing Address 4660 Wilkens Ave. 10 2020 City State Zip Code Transaction ID: A73A6EA7BB38348D6B4B MD **Baltimore** 21229-4848 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Graff, Jeremiah, A., Dr., Date of Receipt Mailing Address Graff Foot & Ankle Wound Care 14 2020 2633 Dallas Pkwy. #100 City State Zip Code Transaction ID: A3CA256958B7C4E2FADD TX Plano 75093-4715 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Graff: Foot, Ankle, Wound Care Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gudeon, Arthur, , Dr., Date of Receipt Mailing Address Family Podiatry of Rego Park 64-06 Fleet St. 2020 City Zip Code State Transaction ID: A5E6998E5B79E42CC957 NY Rego Park 11374-5243 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Family Podiatry of Rego Park Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Harkless, Lawrence, B., Dr. Date of Receipt Mailing Address 13103 Country Trl. 10 14 2020 City State Zip Code Transaction ID: A96D70B72C71344B5A0A TX San Antonio 78216-2330 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Western Univ. of Health Sciences Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Havrilla, George, Stephen, Dr., Date of Receipt Mailing Address McDuffie Podiatry & Wound Care 80 2020 544 W. Hill St. City State Zip Code Transaction ID: AC8B19C6B209B43E2A6F GΑ Thomson 30824-2117 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) McDuffie Podiatry & Wound Care Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

34

for each category of the Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Haycock, Darryl, Mitchell, Dr., Date of Receipt Mailing Address 3358 Yoakam Rd. 2020 City Zip Code State Transaction ID: A986A735249BE49F5A1C OH Lima 45806-1264 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hobbs, Kenneth, L., Dr., Date of Receipt Mailing Address 714 Fairlawn Rd. 10 14 2020 City State Zip Code Transaction ID : A7026342DB6F24653BD3 KS Topeka 66606-2539 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Hopson, Alan, W., Dr., Date of Receipt Mailing Address 5401 Royal Mile Blvd. 06 2020 City State Zip Code Transaction ID: ADD624AB0EB8147E3AC1 MD Salisbury 21801-2322 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 550.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hovancsek, Robert, Louis, Dr., Date of Receipt Mailing Address 2218 Simpson Ave. 2020 City Zip Code State Transaction ID: A775F14270D9C4660942 WA Aberdeen 98520-3514 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Huff, Daniel, J., Dr., Date of Receipt Mailing Address 840 E. 2500 N. 10 14 2020 City State Zip Code Transaction ID: A01EBA32A09BC4B44A99 UT North Logan 84341-5818 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Jacobs, James, M., Dr., Date of Receipt Mailing Address 23230 Red River Drive 14 2020 City State Zip Code Transaction ID: A6FFED8C73F224671B9D TX Katy 77494-2046 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Your Total Foot Care Specialist, PA Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Karpelman, Herbert, M., Dr., Date of Receipt Mailing Address 97 Main St. 2020 City Zip Code State Transaction ID: AC3C789750BDF4BFCBAF CT Cheshire 06410-2463 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ladha, Zahid, A., Dr., Date of Receipt Mailing Address 3544 Marquis Ct. 10 2020 City State Zip Code Transaction ID: A23787971F66341FF97A IN Floyds Knobs 47119-9766 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Ledbetter, Kristi, J., Dr., Date of Receipt Mailing Address 463 Chantilly Ln. 12 2020 City State Zip Code Transaction ID: A1E90B9F39A984FEB860 MI Chelsea 48118-2133 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Linde, David, Emil, Dr., Date of Receipt Mailing Address Foot Specialists of Birmingham 1 Independence Plz. #530 2020 City Zip Code State Transaction ID: A123E42C581A346BDB50 AL Birmingham 35209-2646 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Foot Specialists of Birmingham Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lorincy, Paul, G., Dr., Date of Receipt Mailing Address 6360 Library Rd. #202 10 2020 City State Zip Code Transaction ID: AE45ED964E4AC4BBF94D South Park PA 15129-8308 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Markwardt, Linda, C., Dr., Date of Receipt Mailing Address 10808 Anna Marie Way 06 2020 City State Zip Code Transaction ID : A60E718C63D1242A7926 VAGlen Allen 23060-6460 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

Use separate schedule(s) for each category of the

F(							: ′	18	OF		34
(c	(check only one)										
<b>X</b> 11a 11b 11c 12											
		13		14		15		16			17

Detailed Summary Page 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name McCann, William, N., Dr., Date of Receipt Mailing Address Affiliates in Podiatry, PC 248 Pleasant St.#203 Pillsbury Med 2020 City Zip Code State Transaction ID: A590DB6C811134A5E91B NH Concord 03301-2588 Amount of Each Receipt this Period FEC ID number of contributing 42.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pillsbury Medical Bldg. Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 252.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McCord, Timothy, I., Dr., Date of Receipt Mailing Address Everett Foot Clinic 10 14 2020 3401 Rucker Ave. City State Zip Code Transaction ID : A103340B171594732B27 WA **Everett** 98201-4281 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Everett Foot Clinic Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. McLean, Starlette, , Dr., Date of Receipt Mailing Address 2020 High St. #C 06 2020 City State Zip Code Transaction ID: A9921350F8C5D4D8D94B CA Selma 93662-3518 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 492.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

FC	R LINE	PAGE	: '	19	OF		34				
(ch	(check only one)										
[3	<b>1</b> 1a	11b		11c		12					
	13	14		15		16			17		

Detailed Summary Page 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Meyer, Joan, M., Dr., Date of Receipt Mailing Address 1147 E. Grand Ave. 2020 City Zip Code State Transaction ID: ACF34654346D042E8B81 CA Escondido 92025-3219 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Moss, David, M., Dr., Date of Receipt Mailing Address 27501 W. Warren Rd. 10 05 2020 City State Zip Code Transaction ID : A17921B8395744FF3A89 Garden City MI 48135-2253 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Moss Foot Clinic, PLLC Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 350.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Murphy, John, Joseph, Dr., Date of Receipt Mailing Address MD Podiatric Center 02 2020 3460 Ellicott Center Dr. #103 City Zip Code State Transaction ID: AD563C74EAF17458B957 MD Ellicott City 21043-4164 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 950.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 20 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

34

Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Novicki, David, C., Dr., Date of Receipt Mailing Address Milford Podiatry Associates 32 Cherry St. 2020 City Zip Code State Transaction ID: A0F0604F9A670459D948 CT Milford 06460-3429 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Milford Podiatry Associates Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Parks, Stephanie, M., Dr., Date of Receipt Mailing Address 13170 Central Ave. S.E. #B269 10 10 2020 City State Zip Code Transaction ID: AA240DB849E7343F7A17 NM Albuquerque 87123-5549 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Bosque Foot and Ankle Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Poggio, Anthony, , Dr., Date of Receipt Mailing Address 2059 Clinton Ave. 14 2020 City State Zip Code Transaction ID: A3812FA289DEC4EA496D CA Alameda 94501-4379 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 21 OF 34 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c

Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Prins, Darrell, Duane, Dr., DPM Date of Receipt Mailing Address 3011 NE West Devils Lake Rd 14 2020 City Zip Code State Transaction ID: AD801B757617543FE82D OR Lincoln City 97367-5131 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Lincoln County Foot Health Center Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Riznyk, Peter, J., Dr., Date of Receipt Mailing Address Southtowns Foot Care 10 2020 6272 W. Quaker Rd. City State Zip Code Transaction ID: AA37D0BABFF254DA388A NY Orchard Park 14127-2644 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Southtowns Foot Care Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 350.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Robinson, Richard, J., Dr., Date of Receipt Mailing Address Whiteriver Indian Hosp. USPHS 06 2020 P.O. Box 860 City State Zip Code Transaction ID: AB4778056F8C74CF88B5 ΑZ Whiteriver 85941-0860 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Whiteriver Indian Hosp. USPHS Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 650.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 22 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Sigle, John, M., Dr., Date of Receipt Mailing Address Foot & Ankle Center 2921 Montvale Dr. 2020 City State Zip Code Transaction ID: AE778358BA3704302854 IL Springfield 62704 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Orthopaedic Center of IL Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Singer, Alan, M., Dr., Date of Receipt Mailing Address University Podiatry Group 10 12 2020 100 Medical Plaza Driveway #460 City Zip Code State Transaction ID: A3B9D9E82D99342A99DC CA Los Angeles 90024 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Spohn-Gross, Holly, A., Dr., Date of Receipt Mailing Address 3369 Essex Junction Ct. 14 2020 City State Zip Code Transaction ID: A4F59B6B503E648619AD CA **Thousand Oaks** 91362-1135 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sienna Wellness Institute Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 850.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 23 OF 34 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Tower, Dyane, E., Dr., Date of Receipt Mailing Address 9312 Old Georgetown Rd 10 2020 City Zip Code State Transaction ID: A428A000C19304EECB28 MD Bethesda 20814-1621 Amount of Each Receipt this Period FEC ID number of contributing C 111.12 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Director Clinical Affairs** American Podiatric Medical Association Receipt For: Aggregate Year-to-Date ▼ Primary General 777.84 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Vander Wilt, Darlo, G., Dr., Date of Receipt Mailing Address 7 Applewood Ln. 10 14 2020 City State Zip Code Transaction ID : A94935A8B12B5467F968 NM Los Ranchos 87107-6403 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Family Foot Health Specialists Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Vasiliadis, George, C., Dr., Date of Receipt Mailing Address Ambulatory Foot Care Ctr. of Tonaw 05 2020 190 Main St. City Zip Code State Transaction ID: AEA6CC3C311314F02BA1 NY Tonawanda 14150 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Ambulatory Foot Care Ctr. of Tonawanda Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 761.12 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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

Use separate schedule(s)

	FC	OIT LINE HOMBEIT.					PAGE	- 2	24	OF		34
(check only one)												
	[	X	11a		11b		11c		12			
			13		14		15		16	;		17

for each category of the Detailed Summary Page 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Westbrook, Billy, B., Dr., Date of Receipt Mailing Address 2828 N. 4th St. 2020 City Zip Code State Transaction ID: A8D6AFB80127F4FD798B TX Longview 75605-5718 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Yu, Susan, , Dr., Date of Receipt Mailing Address Buckeye Foot & Ankle 10 2020 970 E. US Hwy. 36 #B City State Zip Code Transaction ID: A94401D17967D4D1F98D OH Urbana 43078-1889 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Buckeye Foot & Ankle Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 SUBTOTAL of Receipts This Page (optional)..... 15533.12

### S 17

SCHEDULE B (FEC Form 3X)			FOR LIN	NE NUMBER: PAGE 25 OF 34					
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	I `	only one)					
		Summary Page	<b>X</b> 21		23 28c	26 27 29 30b			
	1.								
Any information copied from such Reports and State or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full)									
American Podiatric Medical Assoc	iation Po	olitical Action	Commit	tee					
Full Name (Last, First, Middle Initial)				Data at	8. (8:1				
A. Aristotle International				Date of	Date of Disbursement				
Mailing Address 205 Pennsylvanie Ave, SE				10	7 1 1 1 1 1 1				
City Washington	State DC	Zip Code 20003-1164		FEC Ide	FEC Identification Number				
Purpose of Disbursement		20003-1104		C					
Bank fee credit card processing fees						ID - DOEDE40000			
Candidate Name			Category/			ID: BCFBE16692 Disbursement this Period			
Office Sought: House Disburse	ement For:		Туре			3.75			
Senate	Primary	General				7 7			
President	Other (spe	ecify) 🔻		Me	mo Item				
State: District:									
Full Name (Last, First, Middle Initial)				Doto of	Dioburoo	mont			
B. Aristotle International				Date of Disbursement					
Mailing Address 205 Pennsylvanie Ave, SE				10	10 01 2020				
City	State	Zip Code		FEC Ide	entification	Number			
Washington Purpose of Disbursement	DC	20003-1164							
Bank fee credit card processing fees				C					
Candidate Name			Category/	Transaction ID: B545D3D00F\$  Amount of Each Disbursement this Period					
Office Sought: House Disburse	ement For:		Туре			7.50			
Senate	Primary	General				4 4			
President	Other (spe	ecify)		Memo Item					
State: District:				IVIO					
Full Name (Last, First, Middle Initial)  C. Aristotle International				Date of	Disburser	ment			
- Indiana manatana				M M	/ D	D / Y Y Y Y			
Mailing Address 205 Pennsylvanie Ave, SE				10	01	2020			
City	State	Zip Code		EEC 14	entification	Number			
Washington	DC	20003-1164			o mineation	Tumber			
Purpose of Disbursement  Bank fee credit card processing fees						ID DD 4000004			
Candidate Name			Category/	Transaction ID : BB46D09B85  Amount of Each Disbursement this Period					
Office Sought: House Disburse	ment For		Туре			7.50			
Senate Disbuise	ement For:    Primary   General				7	7.00			
President	Other (spe			I Ma	mo Item				
State: District:				lule	ino item				
				-		40.75			
SUBTOTAL of Disbursements This Page (optional)	······		-	18.75					
TOTAL This Period (last page this line number only	<i>(</i> )		_						

### S 17

SC	CHEDULE B (FEC Form 3X)	FOR LINE				NE NUMBER: PAGE 26 OF 34					
ITE	EMIZED DISBURSEMENTS		arate schedule(s) category of the	I ` —		only one)					
			Summary Page	<b>x</b>	21b 28a	22 28b	23 28c	26	27 30b		
_		<u> </u>		<u> </u>							
	y information copied from such Reports and State for commercial purposes, other than using the na										
	NAME OF COMMITTEE (In Full)										
	American Podiatric Medical Assoc	iation Po	olitical Action	Com	mitte	ee					
_	Full Name (Last, First, Middle Initial)					8. (8.1					
A.	Aristotle International					Date of Disbursement					
	Mailing Address 205 Pennsylvanie Ave, SE				10 02 2020						
	City Washington	State DC	Zip Code 20003-1164			FEC Identification Number					
	Purpose of Disbursement		20000 1104		_	С					
	Bank fee credit card processing fees						neaction	ID : BE1D	0000275		
	Candidate Name			Catego		1			nent this Period		
	Office Sought: House Disburse	ment For:		туре	<del>,</del>				2.50		
	Senate	Primary	General				7		45		
	President State: District:	Other (spe	cify) ▼			Me	mo Item				
_	Full Name (Last, First, Middle Initial)										
	Aristotle International					Date o	f Disburse	ement			
	Mailing Address and D. J. J. A. O.					10 02 / 2020					
	Mailing Address 205 Pennsylvanie Ave, SE				10 02 2020						
	City	State DC	Zip Code			FEC Id	entificatio	n Number			
	Washington Purpose of Disbursement	DC	20003-1164		С						
	Bank fee credit card processing fees				Transaction ID : B71D64711D/						
	Candidate Name			Catego					nent this Period		
	Office Sought: House Disburse			Туре	•				12.50		
	Office Sought: House Disburse Senate	ment For: Primary	General				7		12.50		
	President	Other (spe				Пм					
	State: District:					IVIE	mo Item				
	Full Name (Last, First, Middle Initial)					Data	( Dialassus				
C.	Aristotle International						f Disburse		TY TY TY		
	Mailing Address 205 Pennsylvanie Ave, SE					10	0		2020		
	City	State	Zip Code			FEC. Id	entification	n Number			
	Washington	DC	20003-1164								
	Purpose of Disbursement Bank fee credit card processing fees			T.	П	C	neaction	ID · BD0/	17R0A5F		
	Candidate Name			Catego		Transaction ID : BD047B0A5E  Amount of Each Disbursement this Period					
	Office Sought: House Disburse	ment For:		Туре	,				0.95		
	Senate	ement For: Primary General				7					
	President	Other (spe	cify) ▼			│	mo Item				
_	State: District:										
	UBTOTAL of Disbursements This Page (optional).								15.95		
F.	ODITINE OF DISDUISEMENTS THIS Fage (Optional).	•••••				-	17		1 40 1		
lπ	OTAL This Period (last page this line number only	·)									

S	CHEDULE B (FEC Form 3X)			IINE	E NUMBER: PAGE 27 OF 34						
	EMIZED DISBURSEMENTS		arate schedule(s)	(chec	k only						
-	<del> </del>		category of the Summary Page	X	21b	22	23		26	27	
_					28a	28b	28c		29	30b	
	y information copied from such Reports and States for commercial purposes, other than using the nar										
	NAME OF COMMITTEE (In Full)		· · · · · · · · · · · · · · · · · · ·								
$ \rangle$	American Podiatric Medical Assoc	iation Po	olitical Action	n Comi	mitte	e					
_	Full Name (Last, First, Middle Initial)										
Α.	Aristotle International					Date of Disbursement					
	Mailing Address 205 Pennsylvanie Ave, SE					10 03 2020					
	,	State	Zip Code	FEC Identification Number							
	Washington Purpose of Disbursement	DC	20003-1164			-	-				
	Bank fee credit card processing fees				C						
	Candidate Name			Catego	rv/				B9DF0	<b>CFDC</b> 1 ent this Po	eriod
				Type		lount			2. 501110		-
		ment For:					7		-	5.00	
	Senate President	Primary	General								
	State: District:	Other (spec	ony) ▼			Men	no Item				
	Full Name (Last, First, Middle Initial)										
В.	Aristotle International			Date of	Disburse	emer					
	Mailing Address 205 Pennsylvanie Ave, SE					10 03 2020					
	Maining Address 200 Fernisylvanie Ave, 3L					10		,0		2020	
	,	State	Zip Code	FEC Ide	ntificatio	n Nı	ımber				
	Washington Purpose of Disbursement	DC	20003-1164								
	Bank fee credit card processing fees			C							
	Candidate Name			Transaction ID : B7359DAB05  Amount of Each Disbursement this Period					eriod		
				ry/	Amount of Each Disbursement this Period					criod	
		ment For:				0.50					)
	Senate President	Primary	General								
	State: District:	Other (spec	city)			Memo Item					
_	Full Name (Last, First, Middle Initial)										
C.	Aristotle International					Date of					
	Mailing Address 205 Pennsylvanie Ave, SE					10		)3	/ Y	2020	Y
	City	State	Zip Code			EEO Ida	otificati-	n Ni-	ımhor		
	Washington	DC	20003-1164			FEC Ide	nincatio	n NU	unber	-	
	Purpose of Disbursement Bank fee credit card processing fees					C					
	Candidate Name								B7119/		
	Canadate Name			Catego Type		Amount	of Each	Dist	ourseme	ent this Po	eriod
	Office Sought: House Disburse	ment For:		.,,,,			- 1	-		7.50	)
	Senate	Primary	General				7		7		
	President	Other (spec	cify) $\blacktriangledown$			Men	no Item				
_	State: District:					_					
	UBTOTAL of Disbursements This Page (optional)									13.00	
$\vdash$	ODITINE OF DISBURSCHICHES THIS Lage (optional)					7	=	7	1 40	#	
TOTAL This Period (last page this line number only)											. 1

S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER:						P	AGE	28 (	)F	34		
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		(check only one)											
-			Summary Page		<b>X</b> 2	21b 28a	22		23		26		27			
			,				28b		28c		29 30		30b			
	ny information copied from such Reports and State for commercial purposes, other than using the na															
L or		ne and addi	less of any politic	ai com	mmue	E 10	SUIICIL C	OHUH	JuliOHS	) 11 C	лн St	JCII C	ommi	<del>.</del>		
	NAME OF COMMITTEE (In Full)  American Podiatric Medical Assoc	iation Da	alitical Action	· C~	nn	itta	_									
I/	American Foulatific Medical ASSOC	iauon PC	mucai Action	ı Col	11111	ıııe	ರ									
	Full Name (Last, First, Middle Initial)						1									
Α.	Aristotle International						Date	of Di	sburse	eme	nt					
							M M / D D / Y Y Y Y									
	Mailing Address 205 Pennsylvanie Ave, SE						10		0	3	ı.	_ 2	020	_		
	City	State	Zip Code			$\dashv$										
	Washington	DC	20003-1164				FEC	ldent	ificatio	n N	lumbe	er				
	Purpose of Disbursement			_	-	7	С									
	Bank fee credit card processing fees							rans	action	ID	: B83	BFF	F979			
	Candidate Name		7		gory	<i>,</i>	Amou	nt of	Each	Dis	burse	emen	t this F	Perio	d	
	Office Sought: House Disburse	ment For:		Ту	/pe	$\dashv$					-		7.5	0	$\neg$	
	Senate Dispurse	ment For: Primary	General					-	7	-	7	-	7.5		_	
	President	Other (spe					п.		14 -							
	State: District:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<i>,</i> , ,				III IV	iemo	Item							
	Full Name (Last, First, Middle Initial)															
В.	Aristotle International						Date	of Di	sburse	eme	nt					
						_	M M / D D / Y Y Y Y									
	Mailing Address 205 Pennsylvanie Ave, SE								10 05 2020							
	City	State	Zip Code			$\dashv$	<u> </u>									
	Washington	DC	·					FEC Identification Number  C  Transaction ID : BCEF2438994								
	Purpose of Disbursement															
	Bank fee credit card processing fees															
	Candidate Name	Category/					Amou	nt of	Each	Dis	burse	emen	t this F	Perio	d	
	Office Sought: House Disburse	ment For:	Type				10.00									
	Senate Dispurse	Primary						10.00								
	President	Other (spec					Mome Item									
	State: District:	( )					Memo Item									
_	Full Name (Last, First, Middle Initial)															
C.	Aristotle International						Date	of Di	sburse	eme	nt					
							M	_	D		1		(	Υ		
	Mailing Address 205 Pennsylvanie Ave, SE						10		0	6	ı L	_ 2	020			
	City	State	Zip Code			$\dashv$										
	Washington	DC	20003-1164				FEC	Ident	ificatio	n N	umbe	er				
	Purpose of Disbursement		'		-		C									
	Bank fee credit card processing fees							rans	action	ID	: B24	14099	216€			
	Candidate Name				gory	/	Amou	nt of	Each	Dis	burse	emen	t this F	Perio	d	
	Office Sought: House Disburse	ment For:		Ту	/pe	$\dashv$							2.1	0		
	Senate Disburse	Primary	nent For: Primary General						7		7	-		-	4	
	President	cify) $\blacktriangledown$														
	State: District:	( )					Memo Item									
Г								_	-		_	_	-	_	$\overline{}$	
8	SUBTOTAL of Disbursements This Page (optional).					•			7				19.6	60		
厂						_			-				-		ī	
i T	TAL This Period (last nage this line number only	1														

#### S ľ

SCHEDULE B (FEC Form 3X)			EOD LINE	NUMBER: PAGE 29 OF 34							
ITEMIZED DISBURSEMENTS		arate schedule(s)	(check only	THE THOMBETT:							
TI LIVIIZED DIODONOLIVILIA I S		category of the Summary Page	<b>X</b> 21b	22 23 26 27							
	Detailed	Cullinaly Fage	28a	28b 28c 29 30b							
Any information copied from such Reports and State											
or for commercial purposes, other than using the na	me and add	lress of any politic	cal committee to	solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)											
$ \; angle$ American Podiatric Medical Assoc	ciation Po	olitical Actior	n Committe	e							
Full Name (Last, First, Middle Initial)											
A. Aristotle International				Date of Disbursement							
Anstone international				M M / D D / Y Y Y Y							
Mailing Address 205 Pennsylvanie Ave, SE				10 06 2020							
City	State	Zip Code		FEC Identification Number							
Washington Purpose of Disbursement	DC	20003-1164		0							
Bank fee credit card processing fees				C							
Candidate Name				Transaction ID : B81E3BBAF7							
			Category/ Type	Amount of Each Disbursement this Period							
Office Sought: House Disburse	ement For:		.,,,,	25.00							
Senate	Primary	General		7 7 4							
President	Other (spe	ecify) 🔻		Memo Item							
State: District:											
Full Name (Last, First, Middle Initial)											
B. Aristotle International				Date of Disbursement							
Moiling Address cost D				10 06 2020							
Mailing Address 205 Pennsylvanie Ave, SE											
City	State	Zip Code									
Washington	DC	20003-1164		FEC Identification Number							
Purpose of Disbursement											
Bank fee credit card processing fees				Transaction ID : BCB195050E0							
Candidate Name			Category/	Amount of Each Disbursement this Period							
Office Sought: House Disburse	ement For:		Туре	3.75							
Senate	Primary	General									
President	Other (spe										
State: District:	] (5)	, , ,		Memo Item							
Full Name (Last, First, Middle Initial)											
C. Aristotle International				Date of Disbursement							
				M M / D D / Y Y Y Y							
Mailing Address 205 Pennsylvanie Ave, SE				10 07 2020							
City	Stata	Zin Codo									
City Washington	State DC	Zip Code 20003-1164		FEC Identification Number							
Purpose of Disbursement		2000 1104		C							
Bank fee credit card processing fees				Transaction ID : BC0B4A7B69							
Candidate Name			Category/	Amount of Each Disbursement this Period							
			Type								
	ement For:			7.50							
Senate	Other (spe	General		_							
State: President State:		Memo Item									
State: District:											
SUPTOTAL of Dichuseamente This Dans (anti-un-1)				36.25							
SUBTOTAL of Disbursements This Page (optional)			·····	7 7 7							
TOTAL This Period (last page this line number only	w)										

SC	HEDULE B (FEC Form 3X)			FOR	LINE	NUMBER: PAGE 30 OF 34							
ITE	MIZED DISBURSEMENTS		arate schedule(s) category of the	I ` —		y one)							
			Summary Page	<u>                                   </u>	21b 28a	27 30b							
_		<del></del>				28b	28c	29					
	rinformation copied from such Reports and State or commercial purposes, other than using the na												
	NAME OF COMMITTEE (In Full)												
	American Podiatric Medical Assoc	iation Po	olitical Action	Comr	nitte	ee							
_	Full Name (Last, First, Middle Initial)					Data	f Diabura	omont					
Α.	Aristotle International					Date 0	f Disburs		V	V V V			
1	Mailing Address 205 Pennsylvanie Ave, SE					10 07 2020							
	Dity	State	Zip Code			FEC Id	entification	on Numb	er				
	Washington Purpose of Disbursement	DC	20003-1164						-	-			
'	Bank fee credit card processing fees					C							
(	Candidate Name			Catego	01/	1	ansaction			CBA29 nt this Period	4		
				Type	y/	Amoun	t or Laci	Disbuis	CITICI	it tills i choc	7		
(		ment For:								15.00	_		
	Senate	Primary	General										
5	President  District:	Other (spe	city) $\blacktriangledown$			Me	mo Item						
_	Full Name (Last, First, Middle Initial)												
	Aristotle International					Date o	f Disburs	ement					
_						M M / D D / Y Y Y Y							
_	Mailing Address 205 Pennsylvanie Ave, SE				10 07 2020								
	Dity  Meshington	State DC	Zip Code			FEC Id	entification	on Numb	er				
	Washington Purpose of Disbursement	DC	20003-1164	_	C								
	Bank fee credit card processing fees	Catego					nsaction	ID · B2	0CE9	OCED.			
(	Candidate Name					1				nt this Period	b		
7	Office Cought: House Dishurse	Type ment For: Primary General				0.50							
(	Office Sought: House Disburse Senate					0.30							
	President	Other (spe			Mome Itom								
	State: District:	] , ,				Me	mo Item						
	Full Name (Last, First, Middle Initial)												
C.	Aristotle International					Date of	f Disburs	ement					
1	Mailing Address 205 Pennsylvanie Ave, SE					10 08 7 2020							
(	Dity	State	Zip Code			FF0 14		Ni					
١	Vashington	DC	20003-1164			FEC IO	entification	מmuni וונ	er				
Ī	Purpose of Disbursement Bank fee credit card processing fees					C Transaction ID - B4254DCAC							
(	Candidate Name			Catego Type	ry/	Transaction ID : B43E1BCA67 Amount of Each Disbursement this Perio							
Ō	Office Sought: House Disburse	ment For:		туре						15.00	1		
	Senate	Primary	General					7	_	1 45			
	President	Other (spe	cify) 🔻			Ме	mo Item						
	State: District:												
<b> </b>	IDTOTAL of Dishumana to This Day (1971)									30.50	٦		
SU	IBTOTAL of Disbursements This Page (optional).				<u> </u>	-				50.50	4		
To	TAL This Period (last page this line number only	v)											

SC	CHEDULE B (FEC Form 3X)			FOR	LINE	PAGE 31 OF 34							
ITI	EMIZED DISBURSEMENTS		arate schedule(s) category of the	I ` —		/ one) 22 23 26 27							
			Summary Page	X	21b 28a	22 28b	26 27 29 30b						
		<u> </u>					28c						
	y information copied from such Reports and State for commercial purposes, other than using the na												
	NAME OF COMMITTEE (In Full)												
	American Podiatric Medical Assoc	iation Po	olitical Action	Comr	nitte	ee							
_	Full Name (Last, First, Middle Initial)					Data	f Diaboura						
Α.	Aristotle International					Date of	f Disburse						
	Mailing Address 205 Pennsylvanie Ave, SE					10 08 2020							
	City Washington	State DC	Zip Code 20003-1164			FEC Id	entificatio	n Number					
	Purpose of Disbursement				$\overline{}$	С							
	Bank fee credit card processing fees				_		ansaction	ID : B1CEF022C0					
	Candidate Name			Catego Type	ry/	Amoun	t of Each	Disbursement this Period					
	Office Sought: House Disburse	ment For:						1.00					
	Senate   President	Primary Other (spe	General				,	,					
	State: District:	Other (ope	Ony) ¥			Me Me	mo Item						
	Full Name (Last, First, Middle Initial)												
B.	Aristotle International					Date o	f Disburse						
	Mailing Address 205 Pennsylvanie Ave, SE					10 09 2020							
	City	State	Zip Code										
	Washington	DC	20003-1164			FEC Id	entificatio	n Number					
	Purpose of Disbursement Bank fee credit card processing fees												
	Candidate Name							ID : B15562BA460					
	Candidate Name	Category Type				Amoun	t of Each	Disbursement this Period					
	Office Sought: House Disburse	ment For:						5.00					
	Senate	Primary General											
	President State: District:	Other (spe	cify)			Me	mo Item						
_	Full Name (Last, First, Middle Initial)												
C.	Aristotle International						f Disburse						
	Mailing Address 205 Pennsylvanie Ave, SE					10 10 2020							
	City	State	Zip Code			EEC 14	entificatio	n Number					
	Washington	DC	20003-1164				- minoano						
	Purpose of Disbursement Bank fee credit card processing fees			· · ·		C Transaction ID PARAGONIC							
	Candidate Name			Catego	ry/	Transaction ID : B1A6C136D( Amount of Each Disbursement this Peri							
	Office Sought: House Disburse	ment For:		Туре				25.00					
	Senate	Primary	General					7 7					
	President	Other (spe	cify) 🔻			Ме	mo Item						
	State: District:					.,,,							
	IIRTOTAL of Dichurcomente This Bose (entines)							31.00					
L	UBTOTAL of Disbursements This Page (optional).				_	-	7	7 4					
T	OTAL This Period (last page this line number only	·)											

S	CHEDULE B (FEC Form 3X)	EOD LINE					NUMBER: PAGE 32 OF 34							
	EMIZED DISBURSEMENTS		arate schedule(s)	1 -		only one)								
	Detailed Summary Page					· ·								
						28a	28b		28c	$\perp$	29	30b		
	ly information copied from such Reports and Stater for commercial purposes, other than using the nar													
	NAME OF COMMITTEE (In Full)													
	American Podiatric Medical Associ	ation Po	litical Action	Con	nm _	itte	e e							
_	Full Name (Last, First, Middle Initial)						Data of Bisham							
Α.	Aristotle International						Date of Disbursement							
	Mailing Address 205 Pennsylvanie Ave, SE						10 10 2020							
	,	State	Zip Code				FEC I	denti	ificatio	n N	umber			
	Washington Purpose of Disbursement	DC	20003-1164					-	-					
	Bank fee credit card processing fees			Г.		71	C	_		_				
	Candidate Name			Cate	gory						: BB240.	<b>A79A2</b> ent this F	Period	
				Typ		'	, anoul	01	Lacil	ادار	2 G1 3 G111 G		-	
	Office Sought: House Disburser	ment For:				$\neg$			-			3.7	5	
	Senate	Primary	General											
	State: District:	Other (spec	сіту) ▼				M	emo	Item					
_	Full Name (Last, First, Middle Initial)					$\dashv$								
В.	Aristotle International						Date of	of Di	sburse	eme	nt			
	- Thorono intornational						M N	1 /	D	D	/ Y	YY	Υ	
	Mailing Address 205 Pennsylvanie Ave, SE			10 10 2020										
	,	State		FEC Identification Number										
	Washington Purpose of Disbursement	DC	_											
	Bank fee credit card processing fees						C							
	Candidate Name		271777					Transaction ID : B3E06CEDF6 Amount of Each Disbursement this Period						
			Category/ Type						Attribute of Each Blood Soften this Fortice					
	Office Sought: House Disburser	nent For:					5.56							
	Senate	Primary	•											
	President State: District:	Other (spec	cify)				Memo Item							
_	State: District:  Full Name (Last, First, Middle Initial)					+	_							
C.	Aristotle International						Date of	of Di	sburse	∍mei				
	Mailing Address 205 Pennsylvanie Ave, SE				10 10 2020									
	City	State	Zip Code			+								
	Washington	DC	20003-1164				FEC I	denti	ificatio	n Nı	umber			
	Purpose of Disbursement Bank fee credit card processing fees						С							
							Transaction ID : B4DC156C2F							
	Candidate Name			Cate		7	Amount of Each Disbursement this Period							
	Office Sought: House Disburser		Тур	ре	$\dashv$	Г.			_		1.5	0		
	Senate Disburser	Primary	General						7	_	7	1.5		
	President	cify) $\blacktriangledown$												
	State: District:					_	Memo Item							
	IIDTOTAL of Dishurasments This Dans (anti-on-the							-	-			10.8		
L	UBTOTAL of Disbursements This Page (optional)					_	-	-	7	=	7	10.0		
1	OTAL This Period (last page this line number only)													

SCHED	ULE B (FEC Form 3X)	T.,		FOR	LINE	NUMBER: PAGE 33 OF 34							
<b>ITEMIZE</b>	ED DISBURSEMENTS		arate schedule(s) category of the	(check	,								
			Summary Page	21b 28a	22 28b	27 30b							
		<u> </u>					28c	29					
	ation copied from such Reports and State mercial purposes, other than using the na												
NAME (	OF COMMITTEE (In Full)												
Amer	rican Podiatric Medical Assoc	iation Po	olitical Action	Comn	nitte	ee							
_	me (Last, First, Middle Initial)					Doto	f Diabura	amant					
A. Aristo	otle International					Date 0	f Disburs		V				
Mailing	Address 205 Pennsylvanie Ave, SE					10 11 2020							
City		State	Zip Code			FEC Id	entificatio	n Number					
Washing	gton gton growt	DC	20003-1164										
	ee credit card processing fees					C							
Candida	ite Name			Categor	\/\				D: BC0E44FF60 sbursement this Period				
				Type	y/	Amoun	t of Lacin	Disbuisen	Terit triis i eriou				
Office S		ment For:						-	15.00				
	Senate	Primary	General										
State:	District:	Other (spe	ecity) 🔻			Me	emo Item						
Full Nar	me (Last, First, Middle Initial)												
	otle International					Date o	f Disburs	ement					
						M = M / D = D / Y = Y = Y							
	Address 205 Pennsylvanie Ave, SE				10 12 2020								
City Washin	rton	State DC	Zip Code 20003-1164			FEC Id	entificatio	n Number					
	of Disbursement		20003-1104	_	С								
Bank fo	ee credit card processing fees					Transaction ID : BDEF426ED6							
Candida	te Name			Categor	y/				nent this Period				
Office S	ought: House Disburse	ment For: Primary General							5.00				
Office 3	Senate						4 4						
	President	Other (spe	ecify)		П	emo Item							
State:	District:	1				IVIE	ino item						
	ne (Last, First, Middle Initial)					D-t-	f Diala						
C. Aristo	otle International						f Disburs		V				
Mailing	Address 205 Pennsylvanie Ave, SE					10 14 2020							
City		State	Zip Code			FFC Id	entificatio	n Number					
Washing		DC	20003-1164										
	e of Disbursement ee credit card processing fees			· · ·		C	neaction	ID - B227	E120881				
Candida	ite Name			Categor	y/	Transaction ID : B227F120882  Amount of Each Disbursement this Period							
Office S	ought: House Disburse	ment For:		Туре					7.50				
	Senate	Primary	General				7	7	45				
	President	Other (spe	ecify) 🔻			Me Me	emo Item						
State:	District:					Wild							
SUBTOTA	I of Diahuraamanta Thia Dana (antisma)								27.50				
SUBTUTA	AL of Disbursements This Page (optional).				<u> </u>	-	7	7					
TOTAL TH	nis Period (last page this line number only	γ)						_					

Mailing Address  City Salt Lake City Purpose of Disbursement Bank Fees (account maintenance fees)  Candidate Name  Category/ Type  Office Sought: House President President State: District:  Full Name (Last, First, Middle Initial)  C. USAePay  Mailing Address  Category/ Type  Date of Disbursement  Date of Disbursement  Bank Fees (credit card processing fees)  Category/ Type  Date of Disbursement  Transaction ID: B3CE8E537FI  Amount of Each Disbursement this Period  Date of Disbursement  Memo Item  FEC Identification Number  Category/ Type  Transaction ID: B4815BA9D7  Amount of Each Disbursement this Period  Transaction ID: B4815BA9D7  Amount of Each Disbursement this Period  Transaction ID: B4815BA9D7  Amount of Each Disbursement this Period  Transaction ID: B4815BA9D7  Amount of Each Disbursement this Period  Memo Item  Memo Item	SCHED	ULE B (FEC Form 3X)			FOR I	LINE	NUMBER:	PAGE 34 OF 34					
Detailed Surmany Page	ITEMIZ	ED DISBURSEMENTS			I `	•		0					
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of seliciting contributions or for commercial purposes, other than using the name and address of any political committee by solicit contributions from such committee.  American Podiatric Medical Association Political Action Committee  Full Name (Last, First, Middle Initial)  A. Aristotile International  Mailing Address 205 Pennsylvania Ave, SE  City Washington Purpose of Disbursement Bank fee credit card processing fees Candidate Name  Category/ Type  City State Primary General Primary General Primary State Office Sought: Full Name (Last, First, Middle Initial)  B. Capital One Bank, NA  Mailing Address  Candidate Name  Category/ Type  City State State Disbursement For: Sant Lake City Sant Lake City Sant Lake City Sant Lake City Sought: Propose of Disbursement State: District  Full Name (Last, First, Middle Initial)  C. USAePay  Mailing Address  City State Disbursement For: Senate Primary General Primary General Primary General District  Date of Disbursement  Date of Disbursem													
NAME OF COMMITTEE (in Full)  American Podiatric Medical Association Political Action Committee  Full Name (Last, First, Middle Initial)  A. Aristotic International  Mailing Address 205 Pennsylvanie Ave, SE  City Washington Disbursement Disbursement Disbursement Disbursement Disbursement Disbursement State: Disfrict: Disfric			<del></del>										
American Podiatric Medical Association Political Action Committee  Full Name (Last, First, Middle Initial)  A. Aristotle International  Mailing Address 205 Pennsylvanie Ave, SE  City Washington Disbursement For: Category' Transaction ID: 80C85E7842 Amount of Each Disbursement this Period  City Sata Lake City Disbursement Disburs													
A. Aristotle International  Mailing Address 205 Pennsylvania Ave, SE  City Washington Purposa of Disbursement Bank fee credit card processing fees Candidate Name  Office Sought:   House   Disbursement For:   Senate   President   Disbursement   D	NAME	OF COMMITTEE (In Full)											
Aristotle International  Mailing Address 205 Pennsylvanie Ave, SE  City Washington	Ame	rican Podiatric Medical Assoc	iation Po	olitical Action	Comn	nitte	e						
Mailing Address 205 Pennsylvanie Ave, SE  City Washington	_	•					Doto	f Diaburas	mant				
City Washington Purpose of Disbursement Bank fee credit card processing fees Candidate Name  Office Sought: House Senate Primary General Office Sought: Other (specify)  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  FEC Identification Number  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Transaction ID: B4815BADD7  Amount of Each Disbursement  FEC Identification Number  Category/ Transaction ID: B4815BADD7  Amount of Each Disbursement  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Transaction ID: B4815BADD7  Amount of Each Disbursement this Period  FEC Identification Number  Category/ Type  FEC I							M = M	/ D	D / Y				
Washington Purpose of Disbursement Bank fee credit card processing fees Candidate Name  Office Sought: House Sanate President State: District:  Full Name (Last, First, Middle Initial) C. USAePay  Mailing Address  City Senate President Senate P		Address 205 Fermsylvanie Ave, 5E					10	نسا ا		2020			
Bank fee credit card processing fees  Candidate Name  Category/ Type  Office Sought:	Washin	·					FEC Id	entificatior	Number				
Candidate Name  Category/ Type  Office Sought: House Primary General Primary General Primary General Purpose of Disbursement  Bank Fees (account maintenance fees)  Category/ Type  Date of Disbursement  Bank Fees (account maintenance fees)  Culy Senate Primary General Purpose of Disbursement  Bank Fees (account maintenance fees)  Culy Senate Primary General Primary General Primary General Primary General Primary General Primary General President  State: District:  Full Name (Last, First, Middle Initial)  B. Capital One Bank, NA  Mailing Address  City State Zip Code Category/ Type  Office Sought: House Disbursement For: Gategory/ Type  Culy State Zip Code General Primary General Primary General Primary General Purpose of Disbursement  State: District: Fee Identification Number  Culy State Zip Code General Primary Genera						$\neg$	C						
Office Sought: House Senate President State: District: Other (specify) ▼		·				_							
State: District:  Full Name (Last, First, Middle Initial)  B. Capital One Bank, NA  Mailing Address  City Salt Lake City Purpose of Disbursement Bank Fees (account maintenance fees)  Candidate Name  Disbursement State: District:  Full Name (Last, First, Middle Initial)  Date of Disbursement  Table 10 1 1 1 1 2020  FEC Identification Number  Category/Type  Transaction ID: B3CE8E537F(Amount of Each Disbursement his Period  Category/Type  Date of Disbursement  Bank Fees (account maintenance fees)  Category/ Glendale CL USAePay  Mailing Address  City Glendale Cay State City Glendale Cay Category/Type  Office Sought: House Disbursement Bank Fees (credit card processing fees)  Category/Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)  Memo Item  FEC Identification Number  Category/Type  Transaction ID: B4815Ba9D7  Amount of Each Disbursement his Period  Memo Item  FEC Identification Number  Category/Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)  Memo Item	Odridide	are realite				y/	Amoun	t of Each	Disbursem	ent this Period			
State: District: Other (specify) ▼    Memo Item	Office S	Sought: House Disburse	ment For:					75	- 75	2.50			
State: District:  Full Name (Last, First, Middle Initial)  B. Capital One Bank, NA  Mailing Address  City Salt Lake City Purpose of Disbursement Bank Fees (account maintenance fees)  Candidate Name  Category/ Type  Office Sought: House President State: District:  Cuth Category/ Type  Disbursement For: Senate Primary General Other (specify)  Memo Item  Disbursement For: Category/ Type  Office Sought: House CA 91201  Category/ Type  Office Sought: House Disbursement For: Category/ Type  Date of Disbursement  Memo Item  FEC Identification Number  Category/ Type  Date of Disbursement  Memo Item  FEC Identification Number  Category/ Type  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate President Disbursement For: Senate President Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary Gene													
B. Capital One Bank, NA  Mailing Address  City Salt Lake City Purpose of Disbursement Bank Fees (account maintenance fees)  Candidate Name  Office Sought: District:  Full Name (Last, First, Middle Initial)  C. USAePay  Mailing Address  City Mailing Address  City State City State City State City Disbursement For: Category/ Type  Date of Disbursement  FEC Identification Number  Category/ Type  Memo Item  Date of Disbursement  FEC Identification Number  Category/ Type  Memo Item  Date of Disbursement this Period  FEC Identification Number  Category/ Type  Date of Disbursement this Period  Fec Identification Number  Category/ Type  Date of Disbursement this Period  Tansaction ID: 84815BA9D7  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Senate Primary Other (specify)   Other (specify)  Memo Item  Memo Item	State:		J 0 11.10. (Op 0	€ <b>y</b> / <b>\</b>			Me	mo Item					
Mailing Address  City State UT 84130  Purpose of Disbursement Bank Fees (account maintenance fees)  Candidate Name  City State UT 84130  Category/ Type  Category/ Type  Category/ Type  Comparison of Disbursement this Period  Comparison of Disbur	Full Na	me (Last, First, Middle Initial)											
Mailing Address	B. Capi	tal One Bank, NA					Date o			V			
Salt Lake City Purpose of Disbursement Bank Fees (account maintenance fees)  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  Memo Item  Date of Disbursement  Bank Fees (credit card processing fees)  Category/ Type  Date of Disbursement  Category/ Type  Date of Disbursement  FEC Identification Number  Category/ Type  Date of Disbursement  Bank Fees (credit card processing fees)  Candidate Name  Office Sought: House Primary General Other (specify)  Category/ Type  Disbursement For:  Category/ Type  Disbursement For:  Category/ Type  Memo Item  FEC Identification Number  Category/ Type  Memo Item	Mailing	Address											
Purpose of Disbursement Bank Fees (account maintenance fees)  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  Mailing Address  City Glendale Purpose of Disbursement Bank Fees (credit card processing fees)  Category/ Type  Date of Disbursement  Date of Disbursement  Date of Disbursement  Mailing Address  Category/ Type  FEC Identification Number  Category/ Type  Office Sought: House Disbursement For:  Senate Primary General  Office Sought: General Other (specify)  Office Sought: General Other (specify)  Senate Primary General Other (specify)  Memo Item  FEC Identification Number  Category/ Type  Memo Item	•	01					FEC Id	entification	Number				
Bank Fees (account maintenance fees)  Category/ Type  Office Sought:		,	UI	84130		_				-			
Candidate Name    Category/ Type													
Office Sought: House Senate Primary General Other (specify)  State: District:	Candida	ate Name	Туре				Amount of Each Disbursement this Peri						
Senate President Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C. USAePay  Mailing Address  City Glendale Purpose of Disbursement Bank Fees (credit card processing fees)  Candidate Name  Office Sought: House Senate Primary General Other (specify)  Transaction ID: B4815BA9D7  Amount of Each Disbursement this Period  State: District:  Memo Item  Memo Item	Office	Sought: House Dishures											
State: District:  Full Name (Last, First, Middle Initial)  C. USAePay  Mailing Address  City Glendale Purpose of Disbursement Bank Fees (credit card processing fees)  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  Memo Item  Date of Disbursement  Mailing Address  FEC Identification Number  Category/ Type  Transaction ID: B4815BA9D7  Amount of Each Disbursement this Period  Memo Item	Office		1	General			-		7	01.42			
Full Name (Last, First, Middle Initial)  C. USAePay  Mailing Address  City Glendale Purpose of Disbursement Bank Fees (credit card processing fees)  Candidate Name  Office Sought: House Primary Office Sought:  State: District:  District:  Date of Disbursement  FEC Identification Number  Category/ Type  Transaction ID: B4815BA9D7  Amount of Each Disbursement this Period  Memo Item							Me Me	mo Item					
Mailing Address  City Glendale Purpose of Disbursement Bank Fees (credit card processing fees)  Candidate Name  Office Sought: House Senate President State: District:  Date of Disbursement  M M M 10 14 2020  FEC Identification Number  Category/ Type  Category/ Type  Other (specify)  Memo Item							I IVIO						
City Glendale Purpose of Disbursement Bank Fees (credit card processing fees)  Candidate Name  Candidate Name  City Glendale CA  State CA  91201  FEC Identification Number  Category/ Type  Category/ Type  Office Sought:  House Senate Primary General Other (specify)  State:  District:  M M M  10  14  2020  FEC Identification Number  Category/ Transaction ID: B4815BA9D7  Amount of Each Disbursement this Period  Memo Item		, , ,					Date of	f Disburse	ment				
City Glendale Purpose of Disbursement Bank Fees (credit card processing fees)  Candidate Name  Office Sought: House Senate President President State: District:  State Zip Code 91201  C Transaction ID: B4815BA9D7  Amount of Each Disbursement this Period  Memo Item													
Glendale Purpose of Disbursement Bank Fees (credit card processing fees)  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Primary General Other (specify) ▼  State: District:  CA 91201  Category/ Type  Category/ Type  Category/ Type  Memo Item	Mailing	Address					10	14	4	2020			
Glendale Purpose of Disbursement Bank Fees (credit card processing fees)  Candidate Name  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Memo Item	City			Zip Code			FFC Id	entification	Number				
Bank Fees (credit card processing fees)  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President State: District:  State: District:  House Senate Primary General Other (specify) ▼  Memo Item			CA	91201						-			
Office Sought: House Senate Primary General Other (specify) ▼  State: District:   Category/ Type  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Memo Item	Bank F	Fees (credit card processing fees)											
Office Sought: House Senate Primary General Other (specify) ▼  State: District:   Disbursement For:  25.00  Memo Item	Candida	ate Name				y/	Amoun	t of Each	Disbursem	ent this Period			
State: Other (specify) ▼ Memo Item	Office S	Sought: House Disburse	ment For:		.,,,,					25.00			
State: District: Memo Item			Primary	General									
00.00	Ctata		Other (spe	ecify) 🔻			Me	mo Item					
99.00	State:	DISHICT:											
SUBTOTAL of Disbursements This Page (optional)	SUBTOTA	<b>AL</b> of Disbursements This Page (optional).				<b>•</b>			7	88.92			
TOTAL This Period (last page this line number only).	TOTAL	his Davied (last near this live nearly	٨			_				292.28			