

# 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)  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 11 / 10 / 2020 in the State of MD  
(d) 30-Day POST-Election Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on / / in the State of

5. Covering Period 10 / 01 / 2020 through 10 / 14 / 2020

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

Signature of Treasurer *McCann, William, N., Dr.* [Electronically Filed] Date 01 / 27 / 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**American Podiatric Medical Association Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text" value=""/>	<input type="text" value="403506.41"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="334574.78"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="23448.62"/>	<input type="text" value="191384.83"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="358023.40"/>	<input type="text" value="594891.24"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="292.28"/>	<input type="text" value="237160.12"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="357731.12"/>	<input type="text" value="357731.12"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**  
  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**American Podiatric Medical Association Political Action Committee**

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

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

**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 .....	292.28	5110.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	292.28	5110.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	232000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	50.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	50.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	292.28	237160.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	292.28	237160.12

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	23448.62	190384.83
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23448.62	190334.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	292.28	5110.12
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	292.28	5110.12

**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 34
<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. Abrahamsen, Thomas, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 129 Kings Hwy. N.  
 City Westport State CT Zip Code 06880-2438  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 14 / 2020  
**Transaction ID : A519F47D408CD4BF6A23**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Berlin, Steven, J., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6501 Red Hood Plz. #152  
 City St Thomas State VI Zip Code 00802-1373  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 14 / 2020  
**Transaction ID : AA677AD05F0FB4ADBB6F**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Bernbach, Marc, R., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Waterbury Podiatry Consultants  
 171 Grandview Ave. #104  
 City Waterbury State CT Zip Code 06708-2509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Waterbury Podiatry Consultants Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 14 / 2020  
**Transaction ID : A80EC877539844ABEA03**  
 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 7 OF 34
<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. Beylin, Mark, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2404 N. Courtenay Pkwy.

City Merritt Island	State FL	Zip Code 32953-4127
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2020

**Transaction ID : A59F26BD5CBCD4B9FB45**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 5213 N. Grandview St.

City Little Rock	State AR	Zip Code 72207-1905
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AR Foot & Ankle Clinic	Occupation (for Individual) Podiatric Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2020

**Transaction ID : AA75335DFED7D4289A29**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address Complete Family Foot Care  
812 Lindberg Ave.

City McAllen	State TX	Zip Code 78501-2930
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Futuro Clinical Trials	Occupation (for Individual) Podiatric Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2020

**Transaction ID : AD3276858DB5D44999EC**

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 8 OF 34
	<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. Caristo, Anthony, Michael, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Delaware Foot & Ankle Group  
 2600 Glasgow Ave. #101  
 City Newark State DE Zip Code 19702-5703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Advanced Foot & Ankle Center Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 14 / 2020  
**Transaction ID : AFC64C7C546D44E14AB4**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. Crowhurst, Jeffrey, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1703 Polaris Cir.  
 City Ottawa State IL Zip Code 61350-1683  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Self-Employed Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 02 / 2020  
**Transaction ID : ACED0350B61C140F4BE5**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Davis, Elizabeth, Anne, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 513 CURLEW RD  
 City Delray Beach State FL Zip Code 33444-1917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Self Employed Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 02 / 2020  
**Transaction ID : A9784DAB028874950BF3**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 34
	<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. Davis, Kirk, W., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 Wayne Ave.  
 City Chambersburg State PA Zip Code 17201-3805  
 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 10 / 06 / 2020  
**Transaction ID : ABEE6B04AE12148AE8D6**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. DeCesare, Joseph, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Federal Hill Podiatry Group 201 Broadway  
 City Providence State RI Zip Code 02903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Federal Hill Podiatry Group Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 12 / 2020  
**Transaction ID : A92A44DC5C4E7418A90D**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**c. Dellinger, Richard, Alexander, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6579 Westminster  
 City Benton State AR Zip Code 72019-6660  
 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 10 / 14 / 2020  
**Transaction ID : A1C68C34703604BC99CF**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1650.00
<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 34
<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. Dewitt, James, E., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1621 44th St. S.W. #500

City Wyoming	State MI	Zip Code 49509-7200
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2020

**Transaction ID : A3EB8B813FAAF4B87BC4**

Amount of Each Receipt this Period  
150.00

Memo Item

**B. Elardo, Thomas, John, Dr., DPM**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6904 Maiden Ln.

City San Jose	State CA	Zip Code 95120-3227
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2020

**Transaction ID : A2A9B87BDE0EB44D8A45**

Amount of Each Receipt this Period  
150.00

Memo Item

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

Mailing Address 39755 Murrieta Hot Springs Rd. #D1

City Murrieta	State CA	Zip Code 92563-9110
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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
10	/	14	/	2020

**Transaction ID : A90A927C7DD7C48B4B99**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 34
	<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. Ezewuiro, Robert, Nwachukwu, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1550 Banks Rd. #30  
 City Fort Mill State SC Zip Code 29715-9517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Instride Carolina Podiatry Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 10 / 2020  
**Transaction ID : AABDF6013580545A396A**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Feder, Marc, S., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Affiliated Podiatrists, Ltd. 6445 N. Central Ave.  
 City Chicago State IL Zip Code 60646-2901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Affiliated Podiatrists, Ltd. Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 14 / 2020  
**Transaction ID : A77D6B748011345B893D**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. Frimmel, Robert, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Sarasota Footcare Center 2000 Webber Street  
 City Sarasota State FL Zip Code 34239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sarasota Footcare Center Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 03 / 2020  
**Transaction ID : A40B6F7F77BD84562A20**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	280.00
<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 34
<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. Gagnon, Mark, J., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Advanced Podiatry**  
7355 Archer Ave. #D

City **Summit Argo** State **IL** Zip Code **60501-1238**

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

Name of Employer (for Individual) **Advanced Podiatry** Occupation (for Individual) **Podiatric Physician**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **10 / 14 / 2020**

**Transaction ID : AF4060FD94AC74B2D819**

Amount of Each Receipt this Period **300.00**

Memo Item

**B. Giardina, Vito, N., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **4660 Wilkens Ave.**

City **Baltimore** State **MD** Zip Code **21229-4848**

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 **10 / 02 / 2020**

**Transaction ID : A73A6EA7BB38348D6B4B**

Amount of Each Receipt this Period **300.00**

Memo Item

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

Mailing Address **Graff Foot & Ankle Wound Care**  
2633 Dallas Pkwy. #100

City **Plano** State **TX** Zip Code **75093-4715**

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

Name of Employer (for Individual) **Graff: Foot, Ankle, Wound Care** Occupation (for Individual) **Podiatric Physician**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **10 / 14 / 2020**

**Transaction ID : A3CA256958B7C4E2FADD**

Amount of Each Receipt this Period **500.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **1100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 34
<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. Gudeon, Arthur, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Family Podiatry of Rego Park  
64-06 Fleet St.

City Rego Park	State NY	Zip Code 11374-5243
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Family Podiatry of Rego Park	Occupation (for Individual) Podiatric Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2020

**Transaction ID : A5E6998E5B79E42CC957**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. 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
10	/	14	/	2020

**Transaction ID : A96D70B72C71344B5A0A**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Havrilla, George, Stephen, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address McDuffie Podiatry & Wound Care  
544 W. Hill St.

City Thomson	State GA	Zip Code 30824-2117
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) McDuffie Podiatry & Wound Care	Occupation (for Individual) Podiatric Physician
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2020

**Transaction ID : AC8B19C6B209B43E2A6F**

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 14 OF 34
<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. Haycock, Darryl, Mitchell, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3358 Yoakam Rd.

City Lima	State OH	Zip Code 45806-1264
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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
10	/	14	/	2020

**Transaction ID : A986A735249BE49F5A1C**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Hobbs, Kenneth, L., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 714 Fairlawn Rd.

City Topeka	State KS	Zip Code 66606-2539
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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
10	/	14	/	2020

**Transaction ID : A7026342DB6F24653BD3**

Amount of Each Receipt this Period  
150.00

Memo Item

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

Mailing Address 5401 Royal Mile Blvd.

City Salisbury	State MD	Zip Code 21801-2322
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2020

**Transaction ID : ADD624AB0EB8147E3AC1**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<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 34
	<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. Hovancsek, Robert, Louis, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2218 Simpson Ave.  
 City Aberdeen State WA Zip Code 98520-3514  
 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 10 / 05 / 2020  
**Transaction ID : A775F14270D9C4660942**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Huff, Daniel, J., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 840 E. 2500 N.  
 City North Logan State UT Zip Code 84341-5818  
 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 10 / 14 / 2020  
**Transaction ID : A01EBA32A09BC4B44A99**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Jacobs, James, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23230 Red River Drive  
 City Katy State TX Zip Code 77494-2046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Your Total Foot Care Specialist, PA Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 10 / 14 / 2020  
**Transaction ID : A6FFED8C73F224671B9D**  
 Amount of Each Receipt this Period 500.00  
 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 16 OF 34
<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. Karpelman, Herbert, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 97 Main St.

City Cheshire	State CT	Zip Code 06410-2463
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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
10	/	14	/	2020

**Transaction ID : AC3C789750BDF4BFCBAF**

Amount of Each Receipt this Period  
150.00

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
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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 ▼  
2400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2020

**Transaction ID : A23787971F66341FF97A**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Ledbetter, Kristi, J., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 463 Chantilly Ln.

City Chelsea	State MI	Zip Code 48118-2133
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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
10	/	12	/	2020

**Transaction ID : A1E90B9F39A984FEB860**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 34
	<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. Linde, David, Emil, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Foot Specialists of Birmingham  
 1 Independence Plz. #530  
 City Birmingham State AL Zip Code 35209-2646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Foot Specialists of Birmingham Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 12 / 2020  
**Transaction ID : A123E42C581A346BDB50**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. Lorincy, Paul, G., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6360 Library Rd. #202  
 City South Park State PA Zip Code 15129-8308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 02 / 2020  
**Transaction ID : AE45ED964E4AC4BBF94D**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Markwardt, Linda, C., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10808 Anna Marie Way  
 City Glen Allen State VA Zip Code 23060-6460  
 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 10 / 06 / 2020  
**Transaction ID : A60E718C63D1242A7926**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 34
	<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. McCann, William, N., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Affiliates in Podiatry, PC  
 248 Pleasant St.#203 Pillsbury Med  
 City Concord State NH Zip Code 03301-2588  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pillsbury Medical Bldg. Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 10 / 06 / 2020  
**Transaction ID : A590DB6C811134A5E91B**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. McCord, Timothy, I., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Everett Foot Clinic  
 3401 Rucker Ave.  
 City Everett State WA Zip Code 98201-4281  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Everett Foot Clinic Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 14 / 2020  
**Transaction ID : A103340B171594732B27**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. McLean, Starlette, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2020 High St. #C  
 City Selma State CA Zip Code 93662-3518  
 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 10 / 06 / 2020  
**Transaction ID : A9921350F8C5D4D8D94B**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 492.00  
**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 19 OF 34
	<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. Meyer, Joan, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1147 E. Grand Ave.

City Escondido	State CA	Zip Code 92025-3219
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		06		2020

**Transaction ID : ACF34654346D042E8B81**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 27501 W. Warren Rd.

City Garden City	State MI	Zip Code 48135-2253
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Moss Foot Clinic, PLLC	Occupation (for Individual) Podiatric Physician
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		05		2020

**Transaction ID : A17921B8395744FF3A89**

Amount of Each Receipt this Period  
200.00

Memo Item

**C. Murphy, John, Joseph, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address MD Podiatric Center  
3460 Ellicott Center Dr. #103

City Ellicott City	State MD	Zip Code 21043-4164
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		02		2020

**Transaction ID : AD563C74EAF17458B957**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	950.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 34
<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. Novicki, David, C., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Milford Podiatry Associates  
 32 Cherry St.  
 City Milford State CT Zip Code 06460-3429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Milford Podiatry Associates Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 05 / 2020  
**Transaction ID : A0F0604F9A670459D948**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Parks, Stephanie, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13170 Central Ave. S.E. #B269  
 City Albuquerque State NM Zip Code 87123-5549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bosque Foot and Ankle Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 10 / 2020  
**Transaction ID : AA240DB849E7343F7A17**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Poggio, Anthony, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2059 Clinton Ave.  
 City Alameda State CA Zip Code 94501-4379  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 14 / 2020  
**Transaction ID : A3812FA289DEC4EA496D**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<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 34
<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. Prins, Darrell, Duane, Dr., DPM**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3011 NE West Devils Lake Rd  
 City Lincoln City State OR Zip Code 97367-5131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lincoln County Foot Health Center Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 14 / 2020  
**Transaction ID : AD801B757617543FE82D**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Riznyk, Peter, J., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Southtowns Foot Care 6272 W. Quaker Rd.  
 City Orchard Park State NY Zip Code 14127-2644  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southtowns Foot Care Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 06 / 2020  
**Transaction ID : AA37D0BABFF254DA388A**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. Robinson, Richard, J., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Whiteriver Indian Hosp. USPHS P.O. Box 860  
 City Whiteriver State AZ Zip Code 85941-0860  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Whiteriver Indian Hosp. USPHS Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 06 / 2020  
**Transaction ID : AB4778056F8C74CF88B5**  
 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 22 OF 34
	<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. Sigle, John, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Foot & Ankle Center  
 2921 Montvale Dr.  
 City Springfield State IL Zip Code 62704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopaedic Center of IL Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2020  
**Transaction ID : AE778358BA3704302854**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Singer, Alan, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address University Podiatry Group  
 100 Medical Plaza Driveway #460  
 City Los Angeles State CA Zip Code 90024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2020  
**Transaction ID : A3B9D9E82D99342A99DC**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Spohn-Gross, Holly, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3369 Essex Junction Ct.  
 City Thousand Oaks State CA Zip Code 91362-1135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sienna Wellness Institute Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2020  
**Transaction ID : A4F59B6B503E648619AD**  
 Amount of Each Receipt this Period  
 50.00  
 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 23 OF 34
<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 ▼  
777.84

Date of Receipt  

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

**Transaction ID : A428A000C19304EECB28**

Amount of Each Receipt this Period  
111.12

Memo Item

**B. Vander Wilt, Darlo, G., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Applewood Ln.

City Los Ranchos	State NM	Zip Code 87107-6403
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Family Foot Health Specialists	Occupation (for Individual) Podiatric Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2020

**Transaction ID : A94935A8B12B5467F968**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address Ambulatory Foot Care Ctr. of Tonawanda  
190 Main St.

City Tonawanda	State NY	Zip Code 14150
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Ambulatory Foot Care Ctr. of Tonawanda	Occupation (for Individual) Podiatric Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2020

**Transaction ID : AEA6CC3C311314F02BA1**

Amount of Each Receipt this Period  
150.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	761.12
<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 34
<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"/>	<input type="checkbox"/> 17

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

**A. Westbrook, Billy, B., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2828 N. 4th St.  
 City Longview State TX Zip Code 75605-5718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 550.00

Date of Receipt **10 / 14 / 2020**  
**Transaction ID : A8D6AFB80127F4FD798B**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Yu, Susan, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Buckeye Foot & Ankle 970 E. US Hwy. 36 #B  
 City Urbana State OH Zip Code 43078-1889  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Buckeye Foot & Ankle Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt **10 / 12 / 2020**  
**Transaction ID : A94401D17967D4D1F98D**  
 Amount of Each Receipt this Period 150.00  
 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  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	15533.12



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2020			

FEC Identification Number

**C** [Redacted]

**Transaction ID : BCFBE16692**

Amount of Each Disbursement this Period

[Redacted] 3.75

Memo Item

Full Name (Last, First, Middle Initial)

**B. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2020			

FEC Identification Number

**C** [Redacted]

**Transaction ID : B545D3D00F!**

Amount of Each Disbursement this Period

[Redacted] 7.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2020			

FEC Identification Number

**C** [Redacted]

**Transaction ID : BB46D09B85**

Amount of Each Disbursement this Period

[Redacted] 7.50

Memo Item

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

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

[Redacted] 18.75

[Redacted]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Aristotle International**

Full Name (Last, First, Middle Initial)

Mailing Address 205 Pennsylvanie Ave, SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

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

State: District:

Date of Disbursement: 10 / 02 / 2020

FEC Identification Number: C  
Transaction ID : BE1D90D275  
Amount of Each Disbursement this Period: 2.50

Memo Item

**B. Aristotle International**

Full Name (Last, First, Middle Initial)

Mailing Address 205 Pennsylvanie Ave, SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

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

State: District:

Date of Disbursement: 10 / 02 / 2020

FEC Identification Number: C  
Transaction ID : B71D64711D/  
Amount of Each Disbursement this Period: 12.50

Memo Item

**C. Aristotle International**

Full Name (Last, First, Middle Initial)

Mailing Address 205 Pennsylvanie Ave, SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

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

State: District:

Date of Disbursement: 10 / 02 / 2020

FEC Identification Number: C  
Transaction ID : BD047B0A5E  
Amount of Each Disbursement this Period: 0.95

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 15.95

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Aristotle International**

Full Name (Last, First, Middle Initial)

Mailing Address 205 Pennsylvanie Ave, SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 03 / 2020

FEC Identification Number: C  
Transaction ID : B83BFFF979I  
Amount of Each Disbursement this Period: 7.50

Memo Item

**B. Aristotle International**

Full Name (Last, First, Middle Initial)

Mailing Address 205 Pennsylvanie Ave, SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 05 / 2020

FEC Identification Number: C  
Transaction ID : BCEF2438994  
Amount of Each Disbursement this Period: 10.00

Memo Item

**C. Aristotle International**

Full Name (Last, First, Middle Initial)

Mailing Address 205 Pennsylvanie Ave, SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 06 / 2020

FEC Identification Number: C  
Transaction ID : B244099216I  
Amount of Each Disbursement this Period: 2.10

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 19.60

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2020			

FEC Identification Number

**C** [Redacted]

**Transaction ID : B81E3BBAF7**

Amount of Each Disbursement this Period

[Redacted] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2020			

FEC Identification Number

**C** [Redacted]

**Transaction ID : BCB195050E1**

Amount of Each Disbursement this Period

[Redacted] 3.75

Memo Item

Full Name (Last, First, Middle Initial)

**C. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2020			

FEC Identification Number

**C** [Redacted]

**Transaction ID : BC0B4A7B61**

Amount of Each Disbursement this Period

[Redacted] 7.50

Memo Item

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

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

[Redacted] 36.25

[Redacted]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2020			

FEC Identification Number

C [ ]

**Transaction ID : BA9E8CBA2**

Amount of Each Disbursement this Period

[ ] 15.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2020			

FEC Identification Number

C [ ]

**Transaction ID : B29CE89CED**

Amount of Each Disbursement this Period

[ ] 0.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2020			

FEC Identification Number

C [ ]

**Transaction ID : B43E1BCA6**

Amount of Each Disbursement this Period

[ ] 15.00

Memo Item

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

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

[ ] 30.50

[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. Aristotle International

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			20	20		

FEC Identification Number

C [REDACTED]

Transaction ID : B1CEF022C0

Amount of Each Disbursement this Period

[REDACTED] 1.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. Aristotle International

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			20	20		

FEC Identification Number

C [REDACTED]

Transaction ID : B15562BA46C

Amount of Each Disbursement this Period

[REDACTED] 5.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. Aristotle International

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : B1A6C136DC

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

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

[REDACTED] 31.00

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C** [Redacted]

**Transaction ID : BB240A79A2**

Amount of Each Disbursement this Period

[Redacted] **3.75**

Memo Item

Full Name (Last, First, Middle Initial)

**B. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C** [Redacted]

**Transaction ID : B3E06CEDF6**

Amount of Each Disbursement this Period

[Redacted] **5.56**

Memo Item

Full Name (Last, First, Middle Initial)

**C. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C** [Redacted]

**Transaction ID : B4DC156C2F**

Amount of Each Disbursement this Period

[Redacted] **1.50**

Memo Item

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

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

[Redacted] **10.81**

[Redacted]



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Aristotle International</b>		Date of Disbursement MM / DD / YYYY 10 / 11 / 2020	
Mailing Address 205 Pennsylvanie Ave, SE		FEC Identification Number C [REDACTED] <b>Transaction ID : BC0E44FF60</b> Amount of Each Disbursement this Period 15.00	
City Washington	State DC	Zip Code 20003-1164	Category/ Type
Purpose of Disbursement Bank fee credit card processing fees		Memo Item <input type="checkbox"/>	
Candidate Name			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Aristotle International</b>		Date of Disbursement MM / DD / YYYY 10 / 12 / 2020	
Mailing Address 205 Pennsylvanie Ave, SE		FEC Identification Number C [REDACTED] <b>Transaction ID : BDEF426ED6</b> Amount of Each Disbursement this Period 5.00	
City Washington	State DC	Zip Code 20003-1164	Category/ Type
Purpose of Disbursement Bank fee credit card processing fees		Memo Item <input type="checkbox"/>	
Candidate Name			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. Aristotle International</b>		Date of Disbursement MM / DD / YYYY 10 / 14 / 2020	
Mailing Address 205 Pennsylvanie Ave, SE		FEC Identification Number C [REDACTED] <b>Transaction ID : B227F12088</b> Amount of Each Disbursement this Period 7.50	
City Washington	State DC	Zip Code 20003-1164	Category/ Type
Purpose of Disbursement Bank fee credit card processing fees		Memo Item <input type="checkbox"/>	
Candidate Name			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	27.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Aristotle International**

Mailing Address 205 Pennsylvanie Ave, SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
Bank fee credit card processing fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			20	20		

FEC Identification Number

**C** [Redacted]

**Transaction ID : B0C83E7842**

Amount of Each Disbursement this Period

[Redacted] 2.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. Capital One Bank, NA**

Mailing Address

City  
Salt Lake City

State  
UT

Zip Code  
84130

Purpose of Disbursement  
Bank Fees (account maintenance fees)

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			20	20		

FEC Identification Number

**C** [Redacted]

**Transaction ID : B3CE8E537F**

Amount of Each Disbursement this Period

[Redacted] 61.42

Memo Item

Full Name (Last, First, Middle Initial)

**C. USAePay**

Mailing Address

City  
Glendale

State  
CA

Zip Code  
91201

Purpose of Disbursement  
Bank Fees (credit card processing fees)

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			20	20		

FEC Identification Number

**C** [Redacted]

**Transaction ID : B4815BA9D7**

Amount of Each Disbursement this Period

[Redacted] 25.00

Memo Item

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

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

[Redacted] 88.92

[Redacted] 292.28