

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
American Podiatric Medical Association Political Action Committee

ADDRESS (number and street) 9312 Old Georgetown Road  
Check if different than previously reported. (ACC) Bethesda MD 20814-1621

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00008839 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [M M] / [D D] / [Y Y Y Y Y Y] in the State of [ ]  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [M M] / [D D] / [Y Y Y Y Y Y] in the State of [ ]

5. Covering Period [03] / [01] / [2023] through [03] / [31] / [2023]

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 [04] / [10] / [2023]

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<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2023"/>  | <input type="text" value="216787.48"/> | <input type="text" value="216787.48"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="310234.99"/> |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="52434.64"/>  | <input type="text" value="148076.98"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="362669.63"/> | <input type="text" value="364864.46"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="9346.46"/>   | <input type="text" value="11541.29"/>  |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="353323.17"/> | <input type="text" value="353323.17"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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: 03 / 01 / 2023 To: 03 / 31 / 2023

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 33857.84                      | 102299.50                         |
| (ii) Unitemized .....   | 13574.00                      | 35774.68                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 47431.84                      | 138074.18                         |
| (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) .....  | 47431.84                      | 138074.18                         |
| 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)..... | 5000.00                       | 5000.00                           |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 5000.00                           |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 2.80                          | 2.80                              |
| 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)).....▶                         | 52434.64                      | 148076.98                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 52434.64                      | 148076.98                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 6346.46                       | 8541.29                           |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 6346.46                       | 8541.29                           |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 3000.00                       | 3000.00                           |
| 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                          | 0.00                              |
| (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                          | 0.00                              |
| 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)) ..      | 9346.46                       | 11541.29                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 9346.46                       | 11541.29                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 47431.84                              | 138074.18                                 |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 0.00                                      |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 47431.84                              | 138074.18                                 |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 6346.46                               | 8541.29                                   |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 5000.00                               | 5000.00                                   |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 1346.46                               | 3541.29                                   |

**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 38  |
| <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. Albright, Rachel, H., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1340 Wasington Blvd. #219  
 City Stamford State CT Zip Code 06902-8813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Stamford Health Medical Group Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 18 / 2023  
**Transaction ID : A1183B4F82BD04E92B21**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Bass, Javan, Shinar, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8225 Mall Pkwy. #230  
 City Lithonia State GA Zip Code 30038-6913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Metro Foot & Ankle Centers, P.C. Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 09 / 2023  
**Transaction ID : A4676B31909F94B87A4C**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Block, Alan, J., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 308 Logan St.  
 City Kingstree State SC Zip Code 29556-2431  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 18 / 2023  
**Transaction ID : A851EF33822ED4F168AB**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 7 OF 38  |
| <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. Branwell, John, P., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 37 Seeley Ave.

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Kearny | State<br>NJ | Zip Code<br>07032-1806 |
|----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self-Employed | Occupation (for Individual)<br>Podiatric Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 16    | / | 2023        |

**Transaction ID : A43CB8406C5694F00895**

Amount of Each Receipt this Period  
200.00

Memo Item

**B. Brown, Beil, Cory, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 2215

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Albany | State<br>TX | Zip Code<br>76430-8009 |
|----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Abilene Diagnostic Clinic | Occupation (for Individual)<br>Podiatric Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 17    | / | 2023        |

**Transaction ID : A6FAE8FF451CB455DBA2**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Cavaliere, Raymond, G., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 201 E. 28th St. #1A

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>New York | State<br>NY | Zip Code<br>10016-8538 |
|------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self Employed | Occupation (for Individual)<br>Podiatric Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 15    | / | 2023        |

**Transaction ID : A59BB5C567DF24338BBF**

Amount of Each Receipt this Period  
500.00

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 8 OF 38  |
| <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. Cornell, Brian, W., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Algonquin Dr.

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Middletown | State<br>RI | Zip Code<br>02842-4573 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self-Employed | Occupation (for Individual)<br>Podiatric Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 16    | / | 2023        |

**Transaction ID : A0F8992FFCD874409A88**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Dabdoub, William, H., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Ayshire Ct.

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Slidell | State<br>LA | Zip Code<br>70461-5034 |
|-----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Slidell Memorial Hospital | Occupation (for Individual)<br>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 |
| 03    | / | 22    | / | 2023        |

**Transaction ID : A449A4AF3D0794C2ABF3**

Amount of Each Receipt this Period  
150.00

Memo Item

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

Mailing Address 601 Wayne Ave.

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Chambersburg | State<br>PA | Zip Code<br>17201-3805 |
|----------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self-Employed | Occupation (for Individual)<br>Podiatric Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 01    | / | 2023        |

**Transaction ID : A6CFB2832B21544C7ADE**

Amount of Each Receipt this Period  
500.00

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 9 OF 38  |
| <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. Davis, Michael, Q., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 757 Poplar Church Rd.

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Camp Hill | State<br>PA | Zip Code<br>17011-2314 |
|-------------------|-------------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>Pennsylvania Podiatric Medical Assoc. | Occupation (for Individual)<br>Executive Director |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
501.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 18    | / | 2023        |

**Transaction ID : ABE5C109233FB427F80E**

Amount of Each Receipt this Period  
501.00

Memo Item

**B. de los Reyes, Odin, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Pomperaug Office Park #105

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Southbury | State<br>CT | Zip Code<br>06488-2295 |
|-------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self Employed | Occupation (for Individual)<br>Podiatric Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 28    | / | 2023        |

**Transaction ID : AD72ED06E47EB43EAB01**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. DeFrancis, Roy, R., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 570 French Rd.

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Cheektowaga | State<br>NY | Zip Code<br>14227-3530 |
|---------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self-Employed | Occupation (for Individual)<br>Podiatric Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 18    | / | 2023        |

**Transaction ID : AF1DB61776C09418A8D7**

Amount of Each Receipt this Period  
300.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1801.00 |
| <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 38   |
| <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. Dellinger, Richard, Alexander, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6579 Westminster

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Benton | State<br>AR | Zip Code<br>72019-6660 |
|----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self-Employed | Occupation (for Individual)<br>Podiatric Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 13    | / | 2023        |

**Transaction ID : A09ACAF41F4A74470BDB**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. DeSantis, Jeffrey, R., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1038 E. Chapman Ave.

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Orange | State<br>CA | Zip Code<br>92866-2111 |
|----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self-Employed | Occupation (for Individual)<br>Podiatric Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 19    | / | 2023        |

**Transaction ID : AE8A89F9F3CA64C8A980**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 1191 Pineview #H

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Morgantown | State<br>WV | Zip Code<br>26505-2778 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self-Employed | Occupation (for Individual)<br>Podiatric Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 19    | / | 2023        |

**Transaction ID : A0C2192F5056848CF9F3**

Amount of Each Receipt this Period  
300.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2300.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 11 OF 38   |
| <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. Fischer, Brian, R., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Froedtert Springdale Health Center**  
**21700 Intertech Dr.**

City **Brookfield** State **WI** Zip Code **53045**

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

Name of Employer (for Individual) **Froedtert & Medical College of Wisconsin** Occupation (for Individual) **Podiatric Physician**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 30 / 2023**

**Transaction ID : A3B6FB2086C6E46AF875**

Amount of Each Receipt this Period **300.00**

Memo Item

**B. 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 **34239-5234**

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 ▼ **300.00**

Date of Receipt **03 / 01 / 2023**

**Transaction ID : ADED58D4CEAC74767A0C**

Amount of Each Receipt this Period **100.00**

Memo Item

**C. Frisch, Dennis, R., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Boca Raton Podiatry**  
**950 Glades Rd. #2A**

City **Boca Raton** State **FL** Zip Code **33431-6401**

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 18 / 2023**

**Transaction ID : A1AB6EC300D614FE282D**

Amount of Each Receipt this Period **250.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **650.00**

**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 12 OF 38                |
|   | <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. Garrett, Philip, P., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5249 Duke St. #212

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Alexandria | State<br>VA | Zip Code<br>22304-2907 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self-Employed | Occupation (for Individual)<br>Podiatric Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 17    | / | 2023        |

**Transaction ID : A0AFB7B115AFE4AC2991**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address Greenwich Podiatry  
694 Main St.

|                        |             |                        |
|------------------------|-------------|------------------------|
| City<br>East Greenwich | State<br>RI | Zip Code<br>02818-3540 |
|------------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self-Employed | Occupation (for Individual)<br>Podiatric Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 08    | / | 2023        |

**Transaction ID : AD21D14ED111442B5B4B**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address 8100 E. County Rd. 50 S.

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Seymour | State<br>IN | Zip Code<br>47274-8106 |
|-----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self Employed | Occupation (for Individual)<br>Podiatric Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 19    | / | 2023        |

**Transaction ID : ABFABB6D3CFC3497C8B8**

Amount of Each Receipt this Period  
200.00

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 13 OF 38                |
|   | <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. Gorman, Eoin, P.J., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12433 N. Madero Dr.

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Mequon | State<br>WI | Zip Code<br>53092-8701 |
|----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Ascension Columbia St. Mary's | Occupation (for Individual)<br>Podiatric Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 24    | / | 2023        |

**Transaction ID : A1B835D85140B44D891F**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Greenberg, Barney, A., Dr., DPM**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3015 Coach River Way

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Cumming | State<br>GA | Zip Code<br>30040-5953 |
|-----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Podiatry Associates | Occupation (for Individual)<br>Podiatric Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 18    | / | 2023        |

**Transaction ID : A92626C146D9044F0897**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address Center for Orthopaedics  
1747 Imperial Blvd.

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>Lake Charles | State<br>LA | Zip Code<br>70605 |
|----------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Center for Orthopaedics | Occupation (for Individual)<br>Podiatric Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 11    | / | 2023        |

**Transaction ID : A5CED7C9433D545E19F8**

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 38   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. Haag, Scott, L., Mr., Esq.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9312 Old Georgetown Rd  
 City Bethesda State MD Zip Code 20814-1621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) APMA Occupation (for Individual) Association Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 18 / 2023  
**Transaction ID : A22BF34E0086A4E14AB3**  
 Amount of Each Receipt this Period 300.00  
 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 03 / 18 / 2023  
**Transaction ID : A767FC6E0707949EFB8D**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Harrison, Todd, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11110 Medical Campus Rd. #100  
 City Hagerstown State MD Zip Code 21742-6734  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 18 / 2023  
**Transaction ID : A6E86CFB0B89C4DB5AC1**  
 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 15 OF 38                |
|   | <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. Harris, William, , Dr., IV**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1885 Overbrook Dr  
 City Rock Hill State SC Zip Code 29732-1536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) InStride Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 18 / 2023  
**Transaction ID : A6ACA801BF51E4C75A5B**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**B. Hulbert, Mitchell, D., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1175 Aspen Ct.  
 City Grafton State WI Zip Code 53024-9366  
 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 03 / 23 / 2023  
**Transaction ID : AC009A055554D40999A1**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Isenberg, Mark, S., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6109 N. Davis Hwy.  
 City Pensacola State FL Zip Code 32504-6949  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 24 / 2023  
**Transaction ID : ABB0CE4B6D6AA4D1D866**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 915.00 |
| <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 38   |
| <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. Jaakola, Eric, David, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Foot and Ankle Center of the Rocki  
 4600 Hale Pkwy. #440  
 City Denver State CO Zip Code 80220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 10 / 2023  
**Transaction ID : A22F1A9B8AA2349438BD**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Jenkins, Jondelle, B., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address J.B. Jenkins & Associates  
 1706 E. 87th St.  
 City Chicago State IL Zip Code 60617-2740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) J.B. Jenkins & Associates Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 18 / 2023  
**Transaction ID : A6F6F0D2A7FB74E769DD**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Keating, Daniel, B., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Excelsior Orthopaedics  
 3925 Sheridan Dr. #100  
 City Amherst State NY Zip Code 14226-1738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 18 / 2023  
**Transaction ID : ABD3B53D4C368453989F**  
 Amount of Each Receipt this Period 200.00  
 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 38   |
| <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. King, Glenda, L., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Santa Fe Foot & Ankle Institute,  
 2019 Galisteo St. #A4  
 City Santa Fe State NM Zip Code 87505-2143  
 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 **03 / 18 / 2023**  
**Transaction ID : AD3C813C5F10A40EC933**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Kovacevich Renne, Lynn, Cathleen, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11116 Shawnee Rd. E.  
 City Puyallup State WA Zip Code 98374-2406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Washington State Podiatric Medical Ass Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 17 / 2023**  
**Transaction ID : AB8D39D135FD94827B50**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

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

Date of Receipt **03 / 03 / 2023**  
**Transaction ID : A3365B3EF5E264387875**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 850.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 18 OF 38                |
|   | <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. Lambert, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3375-F Capital Cir. N.E. #201  
 City Tallahassee State FL Zip Code 32308-3736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Florida Podiatric Medical Assn. Occupation (for Individual) Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **03 / 14 / 2023**  
**Transaction ID : AC948E564D292479DA7D**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Lenet, Marc, D., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Shaded Glen Ct.  
 City Owings Mills State MD Zip Code 21117-3048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 18 / 2023**  
**Transaction ID : A558D8C14FFE444B3A86**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Levy, Leslie, G., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23501 Cinema Dr. #209  
 City Valencia State CA Zip Code 91355-5430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **03 / 07 / 2023**  
**Transaction ID : AE111E23FD9474B24A66**  
 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 19 OF 38   |
| <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. Lombardo, Anthony, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17104 Westridge Meadow Dr.

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Chesterfield | State<br>MO | Zip Code<br>63005-1337 |
|----------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Bridgeton Podiatry | Occupation (for Individual)<br>Podiatric Physician |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 16    | / | 2023        |

**Transaction ID : A7BEF5E9F99F14A968D7**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Martin, Carla, Arnette, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9065 E. Sandidge Center Cove #C

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Olive Branch | State<br>MS | Zip Code<br>38654-3574 |
|----------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self-Employed | Occupation (for Individual)<br>Podiatric Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 19    | / | 2023        |

**Transaction ID : A29D62AF5D73249BEB7D**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 2501 N. VanBuren

|              |             |                        |
|--------------|-------------|------------------------|
| City<br>Enid | State<br>OK | Zip Code<br>73703-1711 |
|--------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self-Employed | Occupation (for Individual)<br>Podiatric Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 07    | / | 2023        |

**Transaction ID : AA72875E1DB9F467DBC4**

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 20 OF 38   |
| <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. McAloon, Carolyn, E., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Bay Area Foot Care  
 20130 Lake Chabot Rd., Suite 202  
 City Castro Valley State CA Zip Code 94546-5340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bay Area Foot Care Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2023  
**Transaction ID : A10ABC20334824C07A50**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. McCabe, Thomas, J., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3106 Tremainsville  
 City Toledo State OH Zip Code 43613-1804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2023  
**Transaction ID : A2F854CD7DBF94144B06**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. McShane, Patrick, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1834 S Stewart Ave  
 City Springfield State MO Zip Code 65804-2519  
 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 ▼ 1023.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2023  
**Transaction ID : A89996C11D5CC4DC6B01**  
 Amount of Each Receipt this Period  
 1023.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1573.00 |
| <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 38                |
|   | <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. Merena, Stephen, John, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Vista Ct.  
 City Jericho State VT Zip Code 05465-2527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Vermont Medical Center Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 06 / 2023  
**Transaction ID : A2501CC5C74964A578EE**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Miller, Jason, Christopher, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1330 Kingwood Dr. #200  
 City Kingwood State TX Zip Code 77339-3038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 13 / 2023  
**Transaction ID : A5117421BADF24314985**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Moore, Patricia, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 52303 Emmons Rd. #30  
 City South Bend State IN Zip Code 46637-4288  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 18 / 2023  
**Transaction ID : A2BD0E59174614F1CB45**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 885.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

|   |                              |
|---|------------------------------|
| FOR LINE NUMBER:<br>(check only one)    | PAGE 22 OF 38                |
| <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. 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  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2023  
**Transaction ID : A9E305C13FEB74F6A858**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Osterman, Howard, G., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1775 K St. N.W. #580  
 City Washington State DC Zip Code 20006-1529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2023  
**Transaction ID : AC796DDDE05154AD996C**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2023  
**Transaction ID : AE94BACE907924EA491F**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 800.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 23 OF 38   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. Robertozzi, Christian, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 43 Douma Dr.  
 City Newton State NJ Zip Code 07860-1558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **03 / 18 / 2023**  
**Transaction ID : ADBDAAA1A177344EF956**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Rogers, Mark, F., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1248 E. 90 N. #101  
 City American Fork State UT Zip Code 84003-2954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Central UT Foot & Ankle Clinic Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **03 / 18 / 2023**  
**Transaction ID : AC82A44E82C614C2B822**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Rose, James, Leon, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Palmetto Podiatry Group of Anderson 2126B N. Hwy. 81  
 City Anderson State SC Zip Code 29621-1532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USFAS Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 07 / 2023**  
**Transaction ID : A2D37924A9E3B45858C4**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

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

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 24 OF 38   |
| <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. Ross, Jeffrey, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7200 Cambridge St. #68

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Houston | State<br>TX | Zip Code<br>77030-4202 |
|-----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self-Employed | Occupation (for Individual)<br>Podiatric Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 17    | / | 2023        |

**Transaction ID : A956B5C9CD8B74850B2B**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Russell, Denis, M., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18210 Wickham Rd

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>Olney | State<br>MD | Zip Code<br>20832-3101 |
|---------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>American Podiatric Medical Association | Occupation (for Individual)<br>Association Staff |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 19    | / | 2023        |

**Transaction ID : ADC37A727C97944EF8E4**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address Beloit Clinic  
1905 Huebbe Pkwy.

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Beloit | State<br>WI | Zip Code<br>53511-1842 |
|----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Beloit Health System | Occupation (for Individual)<br>Podiatric Physician |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 13    | / | 2023        |

**Transaction ID : A774B966BBEE9408A940**

Amount of Each Receipt this Period  
300.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1600.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 25 OF 38                |
|   | <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. Sage, Robert, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Beloit Clinic**  
1905 Huebbe Pkwy.

City **Beloit** State **WI** Zip Code **53511-1842**

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

Name of Employer (for Individual) **Beloit Health System** Occupation (for Individual) **Podiatric Physician**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **03 / 18 / 2023**

**Transaction ID : A9DD1D268E22D48DEA0B**

Amount of Each Receipt this Period **700.00**

Memo Item

**B. Sanchez, Patrick, J., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Foot & Ankle Associates, Ltd.**  
4650 S.W. Hwy.

City **Oak Lawn** State **IL** Zip Code **60453-1836**

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

Name of Employer (for Individual) **Illinois Podiatric Medical Assn.** Occupation (for Individual) **Podiatric Physician**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 18 / 2023**

**Transaction ID : A7DB7C087CFA24C2A83A**

Amount of Each Receipt this Period **300.00**

Memo Item

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

Mailing Address **23082 Highland Dr.**

City **Fergus Falls** State **MN** Zip Code **56537-8176**

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

Name of Employer (for Individual) **Lake Region Physicians Group** Occupation (for Individual) **Podiatric Physician**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 07 / 2023**

**Transaction ID : ADB66FF81D29448D3912**

Amount of Each Receipt this Period **500.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **1500.00**

**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 26 OF 38                |
|   | <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. Schmidt, Larissa, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 410 Celebration Pl. #206  
 City Kissimmee State FL Zip Code 34747-5434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Celebration Foot & Ankle Institute Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 09 / 2023  
**Transaction ID : A57E4DF1E2A81467BB1C**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Schoene, Lisa, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Gurnee Podiatry & Sports Medicine 351 S. Greenleaf St. #C  
 City Park City State IL Zip Code 60085-5701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gurnee Podiatry & Sports Medicine Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 08 / 2023  
**Transaction ID : AA0DE6A798BED41EAAF1**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Schulman, Barry, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Upperline Health /Village Podiatry 52 Mouse Creek Rd NW  
 City Cleveland State TN Zip Code 37312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) My Foot Doctor Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 18 / 2023  
**Transaction ID : A90784C9111784055B5A**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1050.00 |
| <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 27 OF 38   |
| <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. Schweibish, David, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 162 Whaler Dr.

|                         |             |                        |
|-------------------------|-------------|------------------------|
| City<br>Melbourne Beach | State<br>FL | Zip Code<br>32951-3961 |
|-------------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Coast & Sole Ankle Specialists | Occupation (for Individual)<br>Podiatric Physician |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 20    | / | 2023        |

**Transaction ID : A9767CF8B43F54602B39**

Amount of Each Receipt this Period  
2000.00

Memo Item

**B. Sivertson, Marit, M., Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1465 Arcade St

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Saint Paul | State<br>MN | Zip Code<br>55106-1740 |
|--------------------|-------------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>MINNESOTA PODIATRIC MEDICAL ASSN. | Occupation (for Individual)<br>Executive Director |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 18    | / | 2023        |

**Transaction ID : A6B9A8E0E09BB472E944**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Sivertson, Marit, M., Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1465 Arcade St

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Saint Paul | State<br>MN | Zip Code<br>55106-1740 |
|--------------------|-------------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>MINNESOTA PODIATRIC MEDICAL ASSN. | Occupation (for Individual)<br>Executive Director |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 24    | / | 2023        |

**Transaction ID : A6DFDAA441A2A4892928**

Amount of Each Receipt this Period  
500.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 28 OF 38   |
| <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. Solak, Matt, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 133 W. Market St. #261

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Indianapolis | State<br>IN | Zip Code<br>46204-2801 |
|----------------------|-------------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>Indiana Podiatric Medical Assn. | Occupation (for Individual)<br>Executive Director |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 18    | / | 2023        |

**Transaction ID : A4B06CAC2B895409C971**

Amount of Each Receipt this Period  
150.00

Memo Item

**B. Spohn-Gross, Holly, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3369 Essex Junction Ct.

|                       |             |                        |
|-----------------------|-------------|------------------------|
| City<br>Thousand Oaks | State<br>CA | Zip Code<br>91362-1135 |
|-----------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>California Podiatric Medical Assn. | Occupation (for Individual)<br>Podiatric Physician |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 18    | / | 2023        |

**Transaction ID : A9E70667888F1448F967**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Sterling, Harold, D., Dr., Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6452 Millennium Dr. #130

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Lansing | State<br>MI | Zip Code<br>48917-7881 |
|-----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self-Employed | Occupation (for Individual)<br>Podiatric Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 27    | / | 2023        |

**Transaction ID : A0B47B5AA06964061963**

Amount of Each Receipt this Period  
300.00

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 29 OF 38                |
|   | <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. Sweet, Kerry, Jay, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 704

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Fox Island | State<br>WA | Zip Code<br>98333-0704 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self-Employed | Occupation (for Individual)<br>Podiatric Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 19    |   | 2023        |

**Transaction ID : A5117B795808F4E2B8A7**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Thomajan, Craig, H., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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

|                         |             |                        |
|-------------------------|-------------|------------------------|
| City<br>West Lake Hills | State<br>TX | Zip Code<br>78746-5254 |
|-------------------------|-------------|------------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 04    |   | 2023        |

**Transaction ID : A5EFD7317BEA34E8DA81**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Tillo, Timothy, Hugh, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 316 Sawmill Ln.

|                           |             |                        |
|---------------------------|-------------|------------------------|
| City<br>Ponte Vedra Beach | State<br>FL | Zip Code<br>32082-4134 |
|---------------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self Employed | Occupation (for Individual)<br>Podiatric Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 17    |   | 2023        |

**Transaction ID : A16E4E65CCF10421991E**

Amount of Each Receipt this Period  
300.00

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 30 OF 38                |
|   | <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. Tomczak, Cassandra, B., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address C/O Lisa Nakadate, Executive Direc  
1581 N.W. John Fremont St.

|              |             |                        |
|--------------|-------------|------------------------|
| City<br>Bend | State<br>OR | Zip Code<br>97703-5662 |
|--------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>OREGON PODIATRIC MEDICAL ASSN. | Occupation (for Individual)<br>Podiatric Physician |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2023

**Transaction ID : A74E8FFF928814ADF862**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address 9312 Old Georgetown Rd

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Bethesda | State<br>MD | Zip Code<br>20814-1621 |
|------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>American Podiatric Medical Association | Occupation (for Individual)<br>Director Clinical Affairs |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
251.52

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2023

**Transaction ID : A2CFE96C948A645A1B7D**

Amount of Each Receipt this Period  
83.84

Memo Item

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

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

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Rockville | State<br>MD | Zip Code<br>20852-2714 |
|-------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self-Employed | Occupation (for Individual)<br>Podiatric Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2023

**Transaction ID : AFC64FCEF43F14A21894**

Amount of Each Receipt this Period  
500.00

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 883.84 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 31 OF 38   |
| <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. Wallner, Benjamin, J., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4636 Dustin Road

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Burtonsville | State<br>MD | Zip Code<br>20866-1029 |
|----------------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>American Podiatric Medical Association | Occupation (for Individual)<br>Director |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2023

**Transaction ID : A3A09562629E040E7997**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 3221 Blume Dr.

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Los Alamitos | State<br>CA | Zip Code<br>90720-4812 |
|----------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Retired | Occupation (for Individual)<br>Podiatric Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2023

**Transaction ID : A08A620E078F04C7F816**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 10 McNish Rd.

|                        |             |                        |
|------------------------|-------------|------------------------|
| City<br>Southern Pines | State<br>NC | Zip Code<br>28387-2154 |
|------------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Cape Fear Valley Health System | Occupation (for Individual)<br>Podiatric Physician |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2023

**Transaction ID : A7BE65B7C29024F5B9BC**

Amount of Each Receipt this Period  
500.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1750.00 |
| <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 32 OF 38                |
|   | <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. Wilde, Corin, Q., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **Wilde Foot & Ankle Clinic**  
 407 E. Centennial Dr.  
 City **Pittsburg** State **KS** Zip Code **66762-6505**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **Wilde Foot & Ankle Clinic** Occupation (for Individual) **Podiatric Physician**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **03 / 19 / 2023**  
**Transaction ID : A7693FAF659734D45A0E**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**B. Yeager, David, Alan, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **Morrison Community Hospital**  
 303 N. Jackson St.  
 City **Morrison** State **IL** Zip Code **61270-3042**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **KSB Medical Group/Foot & Ankle Cen** Occupation (for Individual) **Podiatric Physician**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt **03 / 21 / 2023**  
**Transaction ID : ADD014FCB33344173B29**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

**C. Yoder, William, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **383 E. Elm Rd.**  
 City **Oak Creek** State **WI** Zip Code **53154-7076**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **Wisconsin Podiatric Medical Associatio** Occupation (for Individual) **Podiatric Physician**  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 30 / 2023**  
**Transaction ID : A8D8BF23D161C4874A57**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>1550.00</b> |
| <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 33 OF 38   |
| <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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Zobell, Blake, Odell, Dr.,**

Mailing Address 855 N. Castlerock Ct.

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Richfield | State<br>UT | Zip Code<br>84701-1775 |
|-------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self-Employed | Occupation (for Individual)<br>Podiatric Physician |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 18    | / | 2023        |

**Transaction ID : A991C3A49FC274DFBAED**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

|                                   |                             |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

|                                   |                             |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Receipt this Period

Memo Item

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 250.00   |
| <b>TOTAL</b> This Period (last page this line number only)..... | 33857.84 |

**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 34 OF 38               |
| <input type="checkbox"/> 11a  | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c           | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input checked="" 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. Sandy Spring Bank**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17801 Georgia Ave

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>Olney | State<br>MD | Zip Code<br>20832-2233 |
|---------------|-------------|------------------------|

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 ▼  
5000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 09    | / | 2023        |

**Transaction ID : A68F2ECBC636E4B7C89E**

Amount of Each Receipt this Period  
5000.00

Memo Item  
Bank reimbursement for fradulent check

**B.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

|                                   |                             |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Receipt this Period

Memo Item

**C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

|                                   |                             |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Receipt this Period

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 5000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... | 5000.00 |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. Capital One Financial (COF)

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    | / | 16    | / | 2023      |

Mailing Address P.O. Box 30285

FEC Identification Number

|   |
|---|
| C |
|---|

**Transaction ID : B6A8F92D52**  
Amount of Each Disbursement this Period

|        |
|--------|
| 300.00 |
|--------|

Memo Item

City Salt Lake City State UT Zip Code 84130-0285

Purpose of Disbursement Merchant Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

### B. Sandy Spring Bank

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    | / | 08    | / | 2023      |

Mailing Address 17801 Georgia Ave

FEC Identification Number

|   |
|---|
| C |
|---|

**Transaction ID : B7DA3B9E63**  
Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Memo Item

City Olney State MD Zip Code 20832-2233

Purpose of Disbursement Fraudulent check cashed

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

### C. Sandy Spring Bank

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    | / | 22    | / | 2023      |

Mailing Address 17801 Georgia Ave

FEC Identification Number

|   |
|---|
| C |
|---|

**Transaction ID : BC1F93E3D5**  
Amount of Each Disbursement this Period

|      |
|------|
| 9.69 |
|------|

Memo Item

City Olney State MD Zip Code 20832-2233

Purpose of Disbursement Maintenance Bill

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

|         |
|---------|
| 5309.69 |
|---------|

**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. Square

Mailing Address 1455 Market Street, Suite 600

City  
San Francisco

State  
CA

Zip Code  
94103-1332

Purpose of Disbursement  
Bank Fees (credit card processing fees)

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 1 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Transaction ID : BBE7851C4D

Amount of Each Disbursement this Period

1011.77

Memo Item

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

1011.77

6321.46

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

### A. ARMSTRONG FOR CONGRESS

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    | / | 31    | / | 2023      |

Mailing Address 1515 BURNT BOAT DRIVE  
BOX 112

City BISMARCK State ND Zip Code 58503

Purpose of Disbursement  
Contribution to Committee

FEC Identification Number

C C00670547

Transaction ID : B1A180F5DD

Amount of Each Disbursement this Period

1000.00

Memo Item

Candidate Name

Armstrong, Kelly, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: ND District: 01

Full Name (Last, First, Middle Initial)

### B. BUDDY CARTER FOR CONGRESS

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    | / | 22    | / | 2023      |

Mailing Address 200 E ST JULIAN ST SUITE 603

City Savannah State GA Zip Code 31401-2754

Purpose of Disbursement  
Contribution to Committee

FEC Identification Number

C C00543967

Transaction ID : B9EF12F6FC/

Amount of Each Disbursement this Period

2500.00

Memo Item

Candidate Name

Carter, Buddy, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify)

State: GA District: 01

Full Name (Last, First, Middle Initial)

### C. GREG PENCE FOR CONGRESS

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    | / | 23    | / | 2023      |

Mailing Address PO BOX 275

City Taylorsville State IN Zip Code 47280-0275

Purpose of Disbursement  
Contribution to Committee

FEC Identification Number

C C00658401

Transaction ID : B3B78CD674

Amount of Each Disbursement this Period

1000.00

Memo Item

Candidate Name

Pence, Greg, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: IN District: 06

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. GUTHRIE FOR CONGRESS</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2023   |
| Mailing Address PO BOX 9639  |  | FEC Identification Number<br>C00445023<br><b>Transaction ID : B48C8ABC62</b><br>Amount of Each Disbursement this Period<br>5000.00 |
| City<br>Bowling Green  | State<br>KY  | Zip Code<br>42102-9639   |
| Purpose of Disbursement<br>Contribution to Committee   |  | Category/<br>Type  |
| Candidate Name<br><b>Guthrie, Brett, , Rep.,</b>   |  |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: KY  | District: 02   |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Stand with Sanchez</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 09 / 2023  |
| Mailing Address 1212 S. Victory Blvd   |  | FEC Identification Number<br>C00384057<br><b>Transaction ID : BF4C079F88E</b><br>Amount of Each Disbursement this Period<br>- 2500.00 |
| City<br>Burbank  | State<br>CA  | Zip Code<br>91502-2551  |
| Purpose of Disbursement<br>VOID of 7/20/2022 Contribution  |  | Category/<br>Type   |
| Candidate Name<br><b>Sanchez, Linda, , Rep.,</b>   |  |   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: CA  | District: 38   |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. TONY CARDENAS FOR CONGRESS</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 09 / 2023   |
| Mailing Address 3700 WILSHIRE BLVD SUITE 1050-B  |  | FEC Identification Number<br>C00498873<br><b>Transaction ID : B53C42F130</b><br>Amount of Each Disbursement this Period<br>- 4000.00 |
| City<br>Los Angeles  | State<br>CA  | Zip Code<br>90010-3015   |
| Purpose of Disbursement<br>VOID of 7/20/2022 Contribution  |  | Category/<br>Type  |
| Candidate Name<br><b>Cardenas, Tony, , Rep.,</b>   |  |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: CA  | District: 29   |  |

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | - 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 3000.00   |