

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 [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [08] / [01] / [2022] through [08] / [31] / [2022]

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 [09] / [12] / [2022]

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2022"/>	<input type="text" value="476859.78"/>	<input type="text" value="476859.78"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="338963.31"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5518.00"/>	<input type="text" value="164610.69"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="344481.31"/>	<input type="text" value="641470.47"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="161727.17"/>	<input type="text" value="458716.33"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="182754.14"/>	<input type="text" value="182754.14"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3865.00	113403.62
(ii) Unitemized	1653.00	51207.07
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5518.00	164610.69
(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)	5518.00	164610.69
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	5518.00	164610.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5518.00	164610.69

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	227.17	4478.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	227.17	4478.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	161500.00	285000.00
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	950.00
(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	950.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	168287.87
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)) ..	161727.17	458716.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	161727.17	458716.33

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5518.00	164610.69
34. Total Contribution Refunds (from Line 28(d))	0.00	950.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5518.00	163660.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	227.17	4478.46
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	227.17	4478.46

**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 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dabdoub, William, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1150 Robert Blvd. #190
 City Slidell State LA Zip Code 70458-2064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Slidell Memorial Hospital Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1450.00

Date of Receipt 08 / 22 / 2022
Transaction ID : AF27998EC0AD949C98E7
 Amount of Each Receipt this Period 150.00
 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 ▼ 800.00

Date of Receipt 08 / 01 / 2022
Transaction ID : A89F9E69AA6F04519B4D
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Goodale, Miranda, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Clay County Podiatry, LLC 955 W Craig Ave
 City Brazil State IN Zip Code 47834-7400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Clay County Podiatry, LLC Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 20 / 2022
Transaction ID : A0666D213683B4FD0996
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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 7 OF 35
<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. Grady, John, F., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Foot & Ankle Institute
4650 Southwest Hwy.

City Oak Lawn State IL Zip Code 60453-1836

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 ▼ 3333.28

Date of Receipt 08 / 18 / 2022
Transaction ID : AE42F66573909479182E

Amount of Each Receipt this Period 416.66

Memo Item

B. Graves, Nathan, C., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 209 Corwin Ln.

City Kokomo State IN Zip Code 46902-6612

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 08 / 15 / 2022
Transaction ID : A9129B9E41EF14F6AB6F

Amount of Each Receipt this Period 500.00

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 Lake Charles State LA Zip Code 70605

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

Name of Employer (for Individual) Center for Orthopaedics Occupation (for Individual) Podiatric Physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 08 / 11 / 2022
Transaction ID : A61EA97D99EEA422291B

Amount of Each Receipt this Period 300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1216.66
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 8 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A. 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
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2022
Transaction ID : A3070AE6724D34D77A68
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Komp, Thomas, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2295 W. Mason St.
 City Green Bay State WI Zip Code 54303-4706
 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
 08 / 18 / 2022
Transaction ID : A8B670000D4F4FDEB05
 Amount of Each Receipt this Period
 250.00
 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 ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 03 / 2022
Transaction ID : A4333D948925846BE845
 Amount of Each Receipt this Period
 300.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A. McCann, William, N., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Affiliates in Podiatry, PC
 248 Pleasant St.#203 Pillsbury Med
 City Concord State NH Zip Code 03301-2588
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pillsbury Medical Bldg. Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 11 / 2022
Transaction ID : A4306A191F0BE4F099CC
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Merckx, Steven, Joseph, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Drumhill Cir.
 City Madison State WI Zip Code 53717-1073
 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 08 / 02 / 2022
Transaction ID : AB40A9C1368634DE1A9C
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Ollerton, Matthew, G., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 519 S. 1800 E.
 City Springville State UT Zip Code 84663-2610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 21 / 2022
Transaction ID : A1B5596EEE0FF462ABE1
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	380.00
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 10 OF 35
<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. Reinicke, Alan, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Mercy Clinic East
 3524 E. Milwaukee St.
 City Janesville State WI Zip Code 53546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercury Podiatry, Inc. Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 18 / 2022
Transaction ID : ADBC59B0D25EC4021B46
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Rusanowsky, Alexander, Paul, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1451 N. Stratford Ln.
 City Wichita State KS Zip Code 67206-1164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 02 / 2022
Transaction ID : A2AC1F6B0EB9D48C08B2
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Russell, Sarah, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15833 Briar Dr.
 City Overland Park State KS Zip Code 66224-3893
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Podiatric Student Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 31 / 2022
Transaction ID : A5D86CF0EF63E4EC3B20
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
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 11 OF 35
<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. Schneider, Andrew, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Tanglewood Foot Specialists
1011 Augusta Dr. #202

City Houston State TX Zip Code 77057-2060

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

Name of Employer (for Individual) Tanglewood Foot Specialists Occupation (for Individual) Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 20 / 2022
Transaction ID : A4B8C3E9AAF0E42D6890

Amount of Each Receipt this Period 85.00

Memo Item

B. Stuart, Chase, R., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6342 El Paso St.

City Whitestown State IN Zip Code 46075-5503

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 20 / 2022
Transaction ID : A509EC28764094CB9B94

Amount of Each Receipt this Period 50.00

Memo Item

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

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

City West Lake Hills State TX Zip Code 78746-5254

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 02 / 2022
Transaction ID : A87FD4514421C4DE4AE7

Amount of Each Receipt this Period 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 235.00

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 35
<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
Tower, Dyane, E., Dr.,

Mailing Address **9312 Old Georgetown Rd**

City Bethesda	State MD	Zip Code 20814-1621
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.72**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	20	/	2022

Transaction ID : A94CE4D771FA943848F5

Amount of Each Receipt this Period

83.34

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	/	D D	/	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	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

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Memo Item

SUBTOTAL of Receipts This Page (optional).....	83.34
TOTAL This Period (last page this line number only).....	3865.00

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
08		11		2022

Mailing Address P.O. Box 30285

FEC Identification Number

C []
Transaction ID : B354D80DD1
 Amount of Each Disbursement this Period
 [] 134.76

City Salt Lake City	State UT	Zip Code 84130-0285
------------------------	-------------	------------------------

Purpose of Disbursement
Merchant Fee

Category/
Type

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Memo Item

Full Name (Last, First, Middle Initial)

B. Square

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		31		2022

Mailing Address 1455 Market Street, Suite 600

FEC Identification Number

C []
Transaction ID : B21B944C17I
 Amount of Each Disbursement this Period
 [] 67.41

City San Francisco	State CA	Zip Code 94103-1332
-----------------------	-------------	------------------------

Purpose of Disbursement
Bank Fees (credit card processing fees)

Category/
Type

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Memo Item

Full Name (Last, First, Middle Initial)

C. USAePay

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		05		2022

Mailing Address 1455 Market Street, Suite 600

FEC Identification Number

C []
Transaction ID : BE48B5EE43
 Amount of Each Disbursement this Period
 [] 25.00

City Glendale	State CA	Zip Code 91201
------------------	-------------	-------------------

Purpose of Disbursement
Merchant Fee

Category/
Type

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Memo Item

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

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

227.17
227.17

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. ANGIE CRAIG FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 22116

M M M	/	D D D	/	Y Y Y Y Y
08		30		2022

City EAGAN State MN Zip Code 55122

FEC Identification Number

Purpose of Disbursement
Contribution to Committee

C	C00575209
---	-----------

Candidate Name
Craig, Angie, , Rep.,

Category/
Type

Transaction ID : B93FC0CDC7

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President
State: MN District: 02

Disbursement For: 2022
 Primary General
 Other (specify) ▼

1000.00

Memo Item

B. ARMSTRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1515 BURNT BOAT DRIVE
BOX 112

M M M	/	D D D	/	Y Y Y Y Y
08		30		2022

City BISMARCK State ND Zip Code 58503

FEC Identification Number

Purpose of Disbursement
Contribution to Committee

C	C00670547
---	-----------

Candidate Name
Armstrong, Kelly, , Rep.,

Category/
Type

Transaction ID : B5B54E7B3E1

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President
State: ND District: 01

Disbursement For: 2022
 Primary General
 Other (specify) ▼

1000.00

Memo Item

C. Ben Cardin For Senate

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. Box 21093

M M M	/	D D D	/	Y Y Y Y Y
08		30		2022

City Catonsville State MD Zip Code 21228-0593

FEC Identification Number

Purpose of Disbursement
Contribution to Committee

C	C00411587
---	-----------

Candidate Name
Cardin, Ben, , Sen.,

Category/
Type

Transaction ID : B36173E479!

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President
State: MD District:

Disbursement For: 2024
 Primary General
 Other (specify) ▼

1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Bennet For Colorado		Date of Disbursement MM / DD / YYYY 08 / 30 / 2022
Mailing Address PO Box 3078		FEC Identification Number C C00458398 Transaction ID : B439AC5E37
City Denver	State CO	Zip Code 80201
Purpose of Disbursement Contribution to Committee		Amount of Each Disbursement this Period 1000.00
Candidate Name Bennet, Michael, , Sen.,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CO	District:	

Full Name (Last, First, Middle Initial) B. Bilirakis For Congress		Date of Disbursement MM / DD / YYYY 08 / 30 / 2022
Mailing Address PO Box 606		FEC Identification Number C C00408534 Transaction ID : B8CCC6868F
City Tarpon Springs	State FL	Zip Code 34688-0606
Purpose of Disbursement Contribution to Committee		Amount of Each Disbursement this Period 1000.00
Candidate Name Bilirakis, Gus, , Rep.,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: FL	District: 12	

Full Name (Last, First, Middle Initial) C. BILL CASSIDY FOR US SENATE		Date of Disbursement MM / DD / YYYY 08 / 30 / 2022
Mailing Address PO BOX 80505		FEC Identification Number C C00543983 Transaction ID : B8A9EB1A5:
City Baton Rouge	State LA	Zip Code 70898-0505
Purpose of Disbursement Contribution to Committee		Amount of Each Disbursement this Period 2500.00
Candidate Name Cassidy, Bill, , Sen.,		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: LA	District:	

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) A. BLAINE FOR CONGRESS		Date of Disbursement MM / DD / YYYY 08 / 30 / 2022
Mailing Address PO BOX 98		FEC Identification Number C 000458679 Transaction ID : B6E297F307I
City Saint Elizabeth	State MO	Zip Code 65075-0098
Purpose of Disbursement Contribution to Committee		Amount of Each Disbursement this Period 1000.00
Candidate Name Luetkemeyer, Blaine, , Rep.,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MO	District: 03	

Full Name (Last, First, Middle Initial) B. Carper For Senate		Date of Disbursement MM / DD / YYYY 08 / 30 / 2022
Mailing Address PO BOX 2882		FEC Identification Number C 000349217 Transaction ID : B83C42E839I
City Wilmington	State DE	Zip Code 19805-0882
Purpose of Disbursement Contribution to Committee		Amount of Each Disbursement this Period 1000.00
Candidate Name Carper, Tom, , Sen.,		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: DE	District:	

Full Name (Last, First, Middle Initial) C. Cathy McMorris Rodgers For Congress		Date of Disbursement MM / DD / YYYY 08 / 30 / 2022
Mailing Address Box 137		FEC Identification Number C 000390476 Transaction ID : B30FDB00DI
City Spokane	State WA	Zip Code 99210-0137
Purpose of Disbursement Contribution to Committee		Amount of Each Disbursement this Period 2500.00
Candidate Name McMorris Rodgers, Cathy, , Rep.,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WA	District: 05	

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)
A. CHUCK FLEISCHMANN FOR CONGRESS COMMITTEE, INC.

Date of Disbursement: MM / DD / YYYY
08 / 30 / 2022

Mailing Address P.O. BOX 11091

City: Chattanooga State: TN Zip Code: 37401-2091

Purpose of Disbursement: Contribution to Committee

Candidate Name: Fleischmann, Chuck, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: TN District: 03

FEC Identification Number: C00461822
Transaction ID : BE9155F32A
Amount of Each Disbursement this Period: 1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Clarke For Congress

Date of Disbursement: MM / DD / YYYY
08 / 30 / 2022

Mailing Address PO BOX 250200

City: Brooklyn State: NY Zip Code: 11225-0200

Purpose of Disbursement: Contribution to Committee

Candidate Name: Clarke, Yvette, D., Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: NY District: 09

FEC Identification Number: C00415331
Transaction ID : B713564A971
Amount of Each Disbursement this Period: 1000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Cole For Congress

Date of Disbursement: MM / DD / YYYY
08 / 30 / 2022

Mailing Address P.O. Box 722256

City: Norman State: OK Zip Code: 73070

Purpose of Disbursement: Contribution to Committee

Candidate Name: Cole, Tom, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: OK District: 04

FEC Identification Number: C00379735
Transaction ID : B1CCBA9A3
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3000.00

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)

A. CURTIS FOR CONGRESS

Mailing Address 420 EAST SOUTH TEMPLE STE 390

City Salt Lake City State UT Zip Code 84111-1335

Purpose of Disbursement
Contribution to Committee

Candidate Name
Curtis, John, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: UT District: 03

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2022

FEC Identification Number

C C00647339

Transaction ID : B9C1C16ED2

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DAVIS FOR CONGRESS/FRIENDS OF DAVIS

Mailing Address 5956 W. RACE AVENUE

City Chicago State IL Zip Code 60644-1462

Purpose of Disbursement
Contribution to Committee

Candidate Name
Davis, Danny, K., Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: IL District: 07

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2022

FEC Identification Number

C C00172619

Transaction ID : BE6FF3E163C

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DEBBIE DINGELL FOR CONGRESS

Mailing Address PO BOX 972480

City Ypsilanti State MI Zip Code 48197-0303

Purpose of Disbursement
Contribution to Committee

Candidate Name
Dingell, Debbie, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: MI District: 06

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2022

FEC Identification Number

C C00558213

Transaction ID : BEF2EA9979

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

8500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. DEBBIE LESKO FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		30		2022

Mailing Address PO BOX 45388

FEC Identification Number

C	C00663914
---	-----------

City PHOENIX State AZ Zip Code 85064

Transaction ID : B151C33B24

Purpose of Disbursement
Contribution to Committee

Amount of Each Disbursement this Period

Candidate Name

Lesko, Debbie, , Rep.,

Category/
Type

1000.00

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: AZ District: 08

Memo Item

Full Name (Last, First, Middle Initial)

B. Diana Degette For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		30		2022

Mailing Address P.O. Box 61337

FEC Identification Number

C	C00311639
---	-----------

City Denver State CO Zip Code 80206-8337

Transaction ID : BBEF2A229E

Purpose of Disbursement
Contribution to Committee

Amount of Each Disbursement this Period

Candidate Name

DeGette, Diana, , Rep.,

Category/
Type

5000.00

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: CO District: 01

Memo Item

Full Name (Last, First, Middle Initial)

C. DONALD M PAYNE JR FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		30		2022

Mailing Address PO BOX 2406

FEC Identification Number

C	C00519355
---	-----------

City NEWARK State NJ Zip Code 07114

Transaction ID : B02B6CBA2

Purpose of Disbursement
Contribution to Committee

Amount of Each Disbursement this Period

Candidate Name

Payne, Donald, M., Rep., Jr.

Category/
Type

2500.00

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: NJ District: 10

Memo Item

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

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

8500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. DR KIM SCHRIER FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 2728

City Issaquah State WA Zip Code 98027-0125

Purpose of Disbursement
Contribution to Committee

Candidate Name
Schrier, Kim, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: WA District: 08

Date of Disbursement: 08 / 30 / 2022

FEC Identification Number: C00652628
Transaction ID : B6310C88A3
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. ELISSA SLOTKIN FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 4145

City East Lansing State MI Zip Code 48826-4145

Purpose of Disbursement
Contribution to Committee

Candidate Name
Slotkin, Elissa, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: MI District: 07

Date of Disbursement: 08 / 30 / 2022

FEC Identification Number: C00650150
Transaction ID : B48D023A4E1
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Friends For Chris Stewart, Inc.

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 540370

City North Salt Lake State UT Zip Code 84054-0370

Purpose of Disbursement
Contribution to Committee

Candidate Name
Stewart, Chris, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: UT District: 02

Date of Disbursement: 08 / 30 / 2022

FEC Identification Number: C00506931
Transaction ID : BE17A2FFB3
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. FRIENDS OF CHRIS SMITH

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1266

M M M	/	D D D	/	Y Y Y Y Y
08		30		2022

City
Toms River

State
NJ

Zip Code
08754-1266

FEC Identification Number

Purpose of Disbursement
Contribution to Committee

C	C00096412
---	-----------

Candidate Name

Smith, Chris, H., Rep.,

Category/
Type

Transaction ID : B1A616DC23

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President
State: NJ District: 04

Disbursement For: 2022
 Primary General
 Other (specify) ▼

2500.00

Memo Item

B. Friends Of Dan Kildee

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. Box 248

M M M	/	D D D	/	Y Y Y Y Y
08		30		2022

City
Flint

State
MI

Zip Code
48501

FEC Identification Number

Purpose of Disbursement
Contribution to Committee

C	C00499947
---	-----------

Candidate Name

Kildee, Dan, , Rep.,

Category/
Type

Transaction ID : B869FE76E54

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President
State: MI District: 08

Disbursement For: 2022
 Primary General
 Other (specify)

2500.00

Memo Item

C. FRIENDS OF DAVID SCHWEIKERT

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 8175 EAST EVANS ROAD
13176

M M M	/	D D D	/	Y Y Y Y Y
08		30		2022

City
Scottsdale

State
AZ

Zip Code
85267-4907

FEC Identification Number

Purpose of Disbursement
Contribution to Committee

C	C00540617
---	-----------

Candidate Name

Schweikert, David, , Rep.,

Category/
Type

Transaction ID : B4E8CEC7B1

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President
State: AZ District: 06

Disbursement For: 2022
 Primary General
 Other (specify) ▼

1000.00

Memo Item

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Jim Clyburn

Mailing Address PO Box 12567

City
Columbia

State
SC

Zip Code
29211-2567

Purpose of Disbursement
Contribution to Committee

Candidate Name

Clyburn, James, E., Rep.,

Category/
Type

Office Sought: House
 Senate
 President
State: SC District: 06

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C C00255562

Transaction ID : BB40BFF238

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN BARRASSO

Mailing Address PO BOX 52008

City
Casper

State
WY

Zip Code
82605-2008

Purpose of Disbursement
Contribution to Committee

Candidate Name

Barrasso, John, A., Sen.,

Category/
Type

Office Sought: House
 Senate
 President
State: WY District:

Disbursement For: 2024
 Primary General
 Other (specify)

Date of Disbursement

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

FEC Identification Number

C C00436386

Transaction ID : B96CFEC016:

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of John Sarbanes

Mailing Address 499 S. CAPITOL STREET, SW SUITE 42

City
Washington

State
DC

Zip Code
20003-4027

Purpose of Disbursement
Contribution to Committee

Candidate Name

Sarbanes, John, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President
State: MD District: 03

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C C00415182

Transaction ID : BACE29BCC

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

1	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Friends Of John Thune		Date of Disbursement MM / DD / YYYY 08 / 30 / 2022
Mailing Address PO BOX 841		FEC Identification Number C00409581 Transaction ID : B4281522E7 Amount of Each Disbursement this Period 5000.00
City Sioux Falls	State SD	Zip Code 57101-0841
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name Thune, John, , Sen.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SD	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. FRIENDS OF NEAL DUNN		Date of Disbursement MM / DD / YYYY 08 / 30 / 2022
Mailing Address PO BOX 16088		FEC Identification Number C00582304 Transaction ID : B646EC8C15 Amount of Each Disbursement this Period 4000.00
City Panama City	State FL	Zip Code 32406-6088
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name Dunn, Neal, , Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 02	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. FRIENDS OF SCOTT DESJARLAIS		Date of Disbursement MM / DD / YYYY 08 / 30 / 2022
Mailing Address 95 WHITE BRIDGE RD SUITE 207		FEC Identification Number C00464073 Transaction ID : B183D69A90 Amount of Each Disbursement this Period 1000.00
City Nashville	State TN	Zip Code 37205-1482
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name DesJarlais, Scott, , Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN	District: 04	<input type="checkbox"/> Memo Item

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Individuals Dedicated to Ethics and Science PAC

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 6911

City Denver State CO Zip Code 80206-0911

Purpose of Disbursement
Contribution to Committee

Candidate Name
Individuals Dedicated to Ethics and Science PAC

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) Other

State: District:

Date of Disbursement: 08 / 30 / 2022

FEC Identification Number: C00380675
Transaction ID : B9614282AC!
Amount of Each Disbursement this Period: 5000.00

Memo Item

B. JAIME FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1614

City Ridgefield State WA Zip Code 98642-0020

Purpose of Disbursement
Contribution to Committee

Candidate Name
Herrera Beutler, Jaime, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify)

State: WA District: 03

Date of Disbursement: 08 / 30 / 2022

FEC Identification Number: C00472704
Transaction ID : B893B12232E
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. JASON SMITH FOR CONGRESS

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

City Cape Girardeau State MO Zip Code 63702-1324

Purpose of Disbursement
Contribution to Committee

Candidate Name
Smith, Jason, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify)

State: MO District: 08

Date of Disbursement: 08 / 30 / 2022

FEC Identification Number: C00541862
Transaction ID : B208544F2B
Amount of Each Disbursement this Period: 4000.00

Memo Item

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

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

10000.00

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

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<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. JONI FOR IOWA

Mailing Address PO BOX 93441

City Des Moines State IA Zip Code 50393-3441

Purpose of Disbursement
Contribution to Committee

Candidate Name
Ernst, Joni, , Sen.,

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼

State: IA District:

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2022

FEC Identification Number

C C00546788

Transaction ID : B8277AC594I

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KUSTER FOR CONGRESS, INC.

Mailing Address P.O. BOX 1498

City Concord State NH Zip Code 03302-1498

Purpose of Disbursement
Contribution to Committee

Candidate Name
Kuster, Ann, McLane, Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify)

State: NH District: 02

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2022

FEC Identification Number

C C00462861

Transaction ID : BE1129DDF6I

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LAHOOD FOR CONGRESS

Mailing Address P.O. BOX 10735

City PEORIA State IL Zip Code 61612

Purpose of Disbursement
Contribution to Committee

Candidate Name
LaHood, Darin, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: IL District: 16

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2022

FEC Identification Number

C C00575050

Transaction ID : BADCD4E70

Amount of Each Disbursement this Period

1000.00

Memo Item

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Larson For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 261172

City Hartford State CT Zip Code 06126-1172

Purpose of Disbursement
Contribution to Committee

Candidate Name
Larson, John, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: CT District: 01

Date of Disbursement: 08 / 30 / 2022

FEC Identification Number: C00330142
Transaction ID : B40687E3883
Amount of Each Disbursement this Period: 4000.00

Memo Item

B. LISA BLUNT ROCHESTER FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 9767

City Wilmington State DE Zip Code 19809-0767

Purpose of Disbursement
Contribution to Committee

Candidate Name
Blunt Rochester, Lisa, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify)

State: DE District: 01

Date of Disbursement: 08 / 30 / 2022

FEC Identification Number: C00590778
Transaction ID : B2641761CAI
Amount of Each Disbursement this Period: 4000.00

Memo Item

C. LOIS FRANKEL FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 812421

City BOCA RATON State FL Zip Code 33481

Purpose of Disbursement
Contribution to Committee

Candidate Name
Frankel, Lois, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: FL District: 22

Date of Disbursement: 08 / 30 / 2022

FEC Identification Number: C00494856
Transaction ID : B7938EC5E0
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 9000.00

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)

A. Madison PAC

Mailing Address 235 State Street
#206

City
Springfield

State
MA

Zip Code
01103-1741

Purpose of Disbursement
Contribution to Committee

Candidate Name

Madison PAC

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2022

FEC Identification Number

C C00426809

Transaction ID : B7C826A443I

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Majority Committee PAC

Mailing Address PO BOX 10134

City
Bakersfield

State
CA

Zip Code
93389-0134

Purpose of Disbursement
Contribution to Committee

Candidate Name

Majority Committee PAC

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2022

FEC Identification Number

C C00428052

Transaction ID : BC8E3BF839I

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Mark Pocan For Congress

Mailing Address PO BOX 327

City
Madison

State
WI

Zip Code
53701-0327

Purpose of Disbursement
Contribution to Committee

Candidate Name

Pocan, Mark, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) Other

State: WI District: 02

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2022

FEC Identification Number

C C00502179

Transaction ID : B29A0987F6

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

15000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. McConnell Senate Committee		Date of Disbursement MM / DD / YYYY 08 / 30 / 2022
Mailing Address PO Box 1496		FEC Identification Number C00193342 Transaction ID : BF28EDC07C Amount of Each Disbursement this Period 5000.00
City Louisville	State KY	Zip Code 40201-1496
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name McConnell, Mitch, , Sen.,		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. MCEACHIN FOR CONGRESS		Date of Disbursement MM / DD / YYYY 08 / 30 / 2022
Mailing Address PO BOX 7020		FEC Identification Number C00610964 Transaction ID : B34A8E2C65I Amount of Each Disbursement this Period 1000.00
City Richmond	State VA	Zip Code 23221-0020
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name McEachin, A. Donald, , Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA	District: 04	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. MELANIE FOR NEW MEXICO		Date of Disbursement MM / DD / YYYY 08 / 30 / 2022
Mailing Address PO BOX 51493		FEC Identification Number C00765099 Transaction ID : B94F19D5AC Amount of Each Disbursement this Period 1500.00
City Albuquerque	State NM	Zip Code 87181-1493
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name Stansbury, Melanie, A., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NM	District: 01	<input type="checkbox"/> Memo Item

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

7500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. MELANIE FOR NEW MEXICO

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 51493

City Albuquerque State NM Zip Code 87181-1493

Purpose of Disbursement
Contribution to Committee

Candidate Name
Stansbury, Melanie, A., Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: NM District: 01

Date of Disbursement: 08 / 08 / 2022

FEC Identification Number: **C00765099**
Transaction ID : **B8E03458EA**
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Moore For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 16646

City Milwaukee State WI Zip Code 53216

Purpose of Disbursement
Contribution to Committee

Candidate Name
Moore, Gwen, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: WI District: 04

Date of Disbursement: 08 / 30 / 2022

FEC Identification Number: **C00397505**
Transaction ID : **B885F447D4E**
Amount of Each Disbursement this Period: 5000.00

Memo Item

C. MORGAN GRIFFITH FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 361

City Christiansburg State VA Zip Code 24068-0361

Purpose of Disbursement
Contribution to Committee

Candidate Name
Griffith, Morgan, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: VA District: 09

Date of Disbursement: 08 / 30 / 2022

FEC Identification Number: **C00477240**
Transaction ID : **BA5716F61C**
Amount of Each Disbursement this Period: 2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 8000.00

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)
A. PAUL GOSAR FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	30	/	2022

Mailing Address PO BOX 2967

City PRESCOTT State AZ Zip Code 86302

FEC Identification Number

C C00461806
Transaction ID : B33FC04811
 Amount of Each Disbursement this Period
 1000.00

Purpose of Disbursement
Contribution to Committee

Candidate Name
Gosar, Paul, , Rep.,

Category/
Type

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼
 State: AZ District: 09

Memo Item

Full Name (Last, First, Middle Initial)
B. PAUL TONKO FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	30	/	2022

Mailing Address 911 CENTRAL AVENUE
PO BOX 221

City Albany State NY Zip Code 12206-1350

FEC Identification Number

C C00450049
Transaction ID : B988EF19A4f
 Amount of Each Disbursement this Period
 1000.00

Purpose of Disbursement
Contribution to Committee

Candidate Name
Tonko, Paul, D., Rep.,

Category/
Type

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼
 State: NY District: 20

Memo Item

Full Name (Last, First, Middle Initial)
C. PEOPLE FOR BEN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	30	/	2022

Mailing Address PO BOX 25371

City Albuquerque State NM Zip Code 87125-0371

FEC Identification Number

C C00443689
Transaction ID : B40C7EEFF3
 Amount of Each Disbursement this Period
 1000.00

Purpose of Disbursement
Contribution to Committee

Candidate Name
Lujn, Ben Ray, , Sen., Jr.

Category/
Type

Office Sought: House Senate President
 Disbursement For: 2026 Primary General Other (specify) ▼
 State: NM District:

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard E Neal For Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		30		2022

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108-2533

FEC Identification Number

C C00226522

Transaction ID : BD67D35D81

Amount of Each Disbursement this Period

5000.00

Memo Item

Purpose of Disbursement
Contribution to Committee

Candidate Name

Neal, Richard, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: MA District: 01

Full Name (Last, First, Middle Initial)

B. Rob Wittman For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		30		2022

Mailing Address P.O. Box 999

City Montross State VA Zip Code 22520-0999

FEC Identification Number

C C00441014

Transaction ID : B501022902E

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement
Contribution to Committee

Candidate Name

Wittman, Rob, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: VA District: 01

Full Name (Last, First, Middle Initial)

C. ROBIN KELLY FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		30		2022

Mailing Address P.O. BOX 3411

City Chicago State IL Zip Code 60654-0381

FEC Identification Number

C C00539866

Transaction ID : BD06DFD452

Amount of Each Disbursement this Period

4000.00

Memo Item

Purpose of Disbursement
Contribution to Committee

Candidate Name

Kelly, Robin, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: IL District: 02

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

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

10000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. SCALISE FOR CONGRESS		Date of Disbursement MM / DD / YYYY 08 / 30 / 2022
Mailing Address PO BOX 23219		FEC Identification Number C 000394957 Transaction ID : BDF25F39CC Amount of Each Disbursement this Period 5000.00
City New Orleans	State LA	Zip Code 70183-0219
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name Scalise, Steve, , Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA District: 01	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Schakowsky For Congress		Date of Disbursement MM / DD / YYYY 08 / 30 / 2022
Mailing Address P.O. Box 5130		FEC Identification Number C 000327023 Transaction ID : BA1A6DEA1E Amount of Each Disbursement this Period 5000.00
City Evanston	State IL	Zip Code 60204-5130
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name Schakowsky, Jan, , Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 09	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. SCHNEIDER FOR CONGRESS		Date of Disbursement MM / DD / YYYY 08 / 30 / 2022
Mailing Address PO BOX 1318		FEC Identification Number C 000495952 Transaction ID : B83204D93A Amount of Each Disbursement this Period 1000.00
City Deerfield	State IL	Zip Code 60015-6005
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name Schneider, Brad, , Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 10	<input type="checkbox"/> Memo Item	

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

11000.00

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)

A. Stabenow For Us Senate

Mailing Address P.O. Box 4945

City
East Lansing

State
MI

Zip Code
48826-4945

Purpose of Disbursement
Contribution to Committee

Candidate Name

Stabenow, Debbie, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

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

FEC Identification Number

C C00344473

Transaction ID : B33C488E12I

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. STEVE DAINES FOR MONTANA

Mailing Address PO BOX 1598

City
Helena

State
MT

Zip Code
59624-1598

Purpose of Disbursement
Contribution to Committee

Candidate Name

Daines, Steve, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify)

State: MT District:

Date of Disbursement

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

FEC Identification Number

C C00491357

Transaction ID : B362FB747FE

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Stivers For Congress

Mailing Address 4679 Winterset Drive

City
Columbus

State
OH

Zip Code
43220

Purpose of Disbursement
Contribution to Committee

Candidate Name

Stivers, Steve, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

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

FEC Identification Number

C C00441352

Transaction ID : B215C3374D

Amount of Each Disbursement this Period

1000.00

Memo Item

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)

A. Texans For Senator John Cornyn Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		30		2022

Mailing Address PO Box 13026

FEC Identification Number

C	C00369033
---	-----------

Transaction ID : BD3C456E55

Amount of Each Disbursement this Period

2500.00

Memo Item

City

Austin

State

TX

Zip Code

78711-3026

Purpose of Disbursement

Contribution to Committee

--

Candidate Name

Cornyn, John, , Sen., III

Category/
Type

Office Sought:

House

Senate

President

Disbursement For: 2026

Primary

General

Other (specify) ▼

State: TX

District:

Full Name (Last, First, Middle Initial)

B. TIM SCOTT FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		30		2022

Mailing Address 1405 ASHLEY RIVER ROAD

FEC Identification Number

C	C00540302
---	-----------

Transaction ID : B050627991B

Amount of Each Disbursement this Period

5000.00

Memo Item

City

CHARLESTON

State

SC

Zip Code

29407-5305

Purpose of Disbursement

Contribution to Committee

--

Candidate Name

Scott, Tim, , Sen.,

Category/
Type

Office Sought:

House

Senate

President

Disbursement For: 2022

Primary

General

Other (specify) ▼

State: SC

District:

Full Name (Last, First, Middle Initial)

C. Walberg For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		30		2022

Mailing Address PO Box 1362

317 W WASHINGTON AVE

FEC Identification Number

C	C00390724
---	-----------

Transaction ID : B98EC9E901

Amount of Each Disbursement this Period

3000.00

Memo Item

City

Jackson

State

MI

Zip Code

49204-1362

Purpose of Disbursement

Contribution to Committee

--

Candidate Name

Walberg, Tim, , Rep.,

Category/
Type

Office Sought:

House

Senate

President

Disbursement For: 2022

Primary

General

Other (specify) ▼

State: MI

District: 07

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

10500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. WELCH FOR VERMONT

Mailing Address PO BOX 909

City
Richmond

State
VT

Zip Code
05477-0909

Purpose of Disbursement
Contribution to Committee

Candidate Name

Welch, Peter, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: VT District:

Date of Disbursement

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

FEC Identification Number

C C00795252

Transaction ID : B34634AD55!

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ZELDIN FOR CONGRESS

Mailing Address 47 FLINTLOCK DRIVE

City
Shirley

State
NY

Zip Code
11967-2758

Purpose of Disbursement
Contribution to Committee

Candidate Name

Zeldin, Lee, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: NY District: 01

Date of Disbursement

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

FEC Identification Number

C C00552547

Transaction ID : BFDfE08D14!

Amount of Each Disbursement this Period

1000.00

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)..... ▶

6000.00

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

161500.00