

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period / / 2024 through / / 2024

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

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: 01 / 01 / 2024 To: 01 / 31 / 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		101135.56
(b) Cash on Hand at Beginning of Reporting Period.....	101135.56	
(c) Total Receipts (from Line 19)	28498.84	28498.84
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	129634.40	129634.40
7. Total Disbursements (from Line 31).....	22418.84	22418.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	107215.56	107215.56
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	20750.00	20750.00
(ii) Unitemized	6748.84	6748.84
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	27498.84	27498.84
(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)	27498.84	27498.84
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.....	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	28498.84	28498.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	28498.84	28498.84

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	918.84	918.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	918.84	918.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21500.00	21500.00
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)) ..	22418.84	22418.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22418.84	22418.84

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)	27498.84	27498.84
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27498.84	27498.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	918.84	918.84
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	918.84	918.84

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Alper, David, B., Dr.,

Mailing Address 2 Patriot Rd

City Burlington State MA Zip Code 01803-1509

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **01 / 25 / 2024**
Transaction ID : A656D43FA1D41415A91A

Amount of Each Receipt this Period 1000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Altman, Scott, , Dr.,

Mailing Address 98 Julianna Dr

City Copake State NY Zip Code 12516-1516

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 **01 / 20 / 2024**
Transaction ID : A0E9C29624DF044D5AF0

Amount of Each Receipt this Period 300.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Belis, Andrew, M., Dr.,

Mailing Address 1538 S.W. 49th Ter.

City Cape Coral State FL Zip Code 33914-6933

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 **01 / 25 / 2024**
Transaction ID : A9EB9D045FDFA40039CC

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1800.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 24
	<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. Block, Mark, S., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 660 Glades Rd. #120
 City Boca Raton State FL Zip Code 33431-6466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 25 / 2024
Transaction ID : AEEB7FF9BF85A48518B0
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Branca, Maria, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 909 Midland Ave.
 City Yonkers State NY Zip Code 10704-1092
 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
 01 / 18 / 2024
Transaction ID : A30A70C5A65EA4886875
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Conway, Michael, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Massapequa Foot Care
 892 N. Broadway
 City North Massapequa State NY Zip Code 11758-2352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Massapequa Foot Care Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 18 / 2024
Transaction ID : A4E8722EB57DC446FA95
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1550.00
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 8 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Davis, Imaze, Marian, Dr.,		Date of Receipt MM / DD / YYYY 01 / 26 / 2024
Mailing Address 1190 NW 95th St Ste 401		Transaction ID : AC93F3D2AC7824D679EC
City Miami	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. de los Reyes, Odin, , Dr.,		Date of Receipt MM / DD / YYYY 01 / 18 / 2024
Mailing Address 1 Pomperaug Office Park #105		Transaction ID : ACFEEB43446704C0EA17
City Southbury	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Podiatric Physician	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Fox, Corey, , Dr.,		Date of Receipt MM / DD / YYYY 01 / 19 / 2024
Mailing Address Massapequa Podiatry Associates 4160 Merrick Rd.		Transaction ID : A458B1570D02741DDA32
City Massapequa	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) Massapequa Podiatry Associates	Occupation (for Individual) Podiatric Physician	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....	1800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 24
	<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. 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
 M M M / D D D / Y Y Y Y Y Y
 01 / 25 / 2024

Transaction ID : ABD301E88F34148FA88C

Amount of Each Receipt this Period
 500.00

Memo Item

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

Mailing Address 12 Honey Locust Ct.

City Dix Hills State NY Zip Code 11746-6253

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 20 / 2024

Transaction ID : A1802FF96BE14467F823

Amount of Each Receipt this Period
 300.00

Memo Item

C. Goetz, Emilio, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 294 W. Merrick Rd. #8

City Freeport State NY Zip Code 11520-3357

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
 01 / 18 / 2024

Transaction ID : A8309AEC960164E8CA06

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
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 24
<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. Gottlieb, Robert, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 188 W. Main St.
 City Oyster Bay State NY Zip Code 11771-2267
 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 **01 / 20 / 2024**
Transaction ID : A9EBD5BC0D6794B799A3
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Green, Tyson, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Center for Orthopaedics 1747 Imperial Blvd.
 City Lake Charles State LA Zip Code 70605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Center for Orthopaedics Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **01 / 21 / 2024**
Transaction ID : A76AF7941B90A4A4EBF2
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Haas, Zachary, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6101 Paper Flower Pl. N.E.
 City Albuquerque State NM Zip Code 87111-8233
 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 **01 / 29 / 2024**
Transaction ID : A5CB683FDF0C54BF1BD5
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	900.00
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 24
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Hughes, Scott, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Foot & Ankle Specialists, PC
 1042 N. Monroe St.
 City Monroe State MI Zip Code 48162-3113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 26 / 2024
Transaction ID : A3B0796C52FFA486892E
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Humpel, Pamela, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Foot & Ankle Centers
 352 Milus St.
 City Punta Gorda State FL Zip Code 33950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Foot & Ankle Centers 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
 01 / 26 / 2024
Transaction ID : ACEA9C6BF6D5C4FB7BEE
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Iannacone, Robert, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Iannacone Podiatry
 691 S.W. Port St. Lucie Blvd.
 City Port Saint Lucie State FL Zip Code 34953-1998
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Iannacone Podiatry 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
 01 / 26 / 2024
Transaction ID : AD826BAA08387422A9C8
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1600.00
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 24
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Krejci-Reed, Kara, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **Prairie Orthopaedic & Plastic Surg**
4130 Pioneer Woods Dr. #1
 City **Lincoln** State **NE** Zip Code **68506**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **Prairie Orthopaedic and Plastic Surge** Occupation (for Individual) **Podiatric Physician**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **01 / 12 / 2024**
Transaction ID : AF7C28F8128AC4EAD9F1
 Amount of Each Receipt this Period **300.00**
 Memo Item

B. Ladha, Zahid, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **3544 Marquis Ct.**
 City **Floyds Knobs** State **IN** Zip Code **47119-9766**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **Self-Employed** Occupation (for Individual) **Podiatric Physician**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **01 / 03 / 2024**
Transaction ID : ABCDF14BF97A94A16BC3
 Amount of Each Receipt this Period **300.00**
 Memo Item

C. Lasday, Stephen, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **W. Coast Podiatry Center**
1961 Floyd St. #D
 City **Sarasota** State **FL** Zip Code **34239**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **W. Coast Podiatry Center** Occupation (for Individual) **Podiatric Physician**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **01 / 27 / 2024**
Transaction ID : AEBC5161E1B6F48DD9EC
 Amount of Each Receipt this Period **250.00**
 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 13 OF 24
	<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. Lehman, Jeffrey, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 270968
 City Fort Collins State CO Zip Code 80527-0968
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lehrman Consulting, LLC Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 19 / 2024
Transaction ID : A4E7F7DEDD5BA42EFA62
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Le, Phong, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Northern California Orthopaedic As 75 Scripps Dr.
 City Sacramento State CA Zip Code 95825-6320
 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 01 / 21 / 2024
Transaction ID : A62D6DADD7588484DB7A
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Markinson, Bryan, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Icahn School Of Medicine At Mount 5 E 98th St
 City New York State NY Zip Code 10029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mount Sinai School of Medicine Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 01 / 19 / 2024
Transaction ID : A46926C9A24094921A17
 Amount of Each Receipt this Period 350.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1650.00
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 14 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. McDonald, Terence, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **NF/SG VA HEALTH**
619 S. Marion St.
 City **Lake City** State **FL** Zip Code **32025-5898**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **NF/SG VA HEALTH** Occupation (for Individual) **Podiatric Physician**
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 26 / 2024**
Transaction ID : A4DF23DF01EC24B699E8
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. McDonough, Daria, P., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **P.O. Box 4211**
 City **Ormond Beach** State **FL** Zip Code **32175-4211**
 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 **01 / 26 / 2024**
Transaction ID : AF47A096C815A4BC3A23
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Nanji, Kiran, Khema, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **3220 Country Club Dr.**
 City **Lynn Haven** State **FL** Zip Code **32444-5115**
 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 **01 / 26 / 2024**
Transaction ID : A9FEA5CB4C3C7458FBC0
 Amount of Each Receipt this Period **300.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1050.00
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: PAGE 15 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Neary, Michael, Thomas, Dr.,

Mailing Address 195 Jacob St.

City Seekonk State MA Zip Code 02771-1626

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 **01 / 19 / 2024**

Transaction ID : ABDD5434E0AB84B45823

Amount of Each Receipt this Period **500.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Palmquist, Roland, A., Dr.,

Mailing Address Parker Indian Health Center
12033 Agency Rd.

City Parker State AZ Zip Code 85344-7718

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

Name of Employer (for Individual) Parker Indian Health Center Occupation (for Individual) Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **01 / 24 / 2024**

Transaction ID : A36DCCF068AD14F3B80F

Amount of Each Receipt this Period **1000.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Santi, Lawrence, A., Dr.,

Mailing Address 240 E. 5th St.

City Brooklyn State NY Zip Code 11218-2404

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **01 / 18 / 2024**

Transaction ID : AE9802DF5C3E548D8982

Amount of Each Receipt this Period **1000.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **2500.00**

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 16 OF 24
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. 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 ▼ 500.00

Date of Receipt 01 / 28 / 2024
Transaction ID : A588E96A017FE468DBE8
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Schweibish, David, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 162 Whaler Dr.
 City Melbourne Beach State FL Zip Code 32951-3961
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coast & Sole Ankle Specialists Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 26 / 2024
Transaction ID : A610AE251E1E04BD8807
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Shapiro, Andrew, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 66 W. Merrick Rd. #101
 City Valley Stream State NY Zip Code 11580-5707
 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 01 / 19 / 2024
Transaction ID : AF8F64D74E5024FE9962
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 24
	<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. Shimahara, Lilly, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8958 Riverside Dr.

City Parker	State AZ	Zip Code 85344-8088
----------------	-------------	------------------------

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

Name of Employer (for Individual) Indian Health Service	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2024

Transaction ID : AAFC4B55FB4B342DAB57

Amount of Each Receipt this Period
1000.00

Memo Item

B. Simon, Janet, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 725 Van Buren Pl. S.E.

City Albuquerque	State NM	Zip Code 87108-3555
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2024

Transaction ID : AAEEC9DE422344CDBA22

Amount of Each Receipt this Period
1000.00

Memo Item

C. Vakil, Samir, S., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Foot & Ankle Centers of Charlotte
352 Milus St.

City Punta Gorda	State FL	Zip Code 33950-4552
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Foot & Ankle Centers of Charlotte	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
01	/	26	/	2024

Transaction ID : A9CE272BEADAB4932BAE

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2300.00
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 18 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Werd, Matthew, B., Dr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Foot & Ankle Associates
 2939 S. Florida Ave.
 City Lakeland State FL Zip Code 33803-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Foot & Ankle Associates Occupation (for Individual) 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
 01 / 25 / 2024
Transaction ID : A7B178B69ACD540A08D6
 Amount of Each Receipt this Period
 600.00
 Memo Item

B. Williams, Andre, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Foot & Ankle Centers of Charlotte
 352 Milus St.
 City Punta Gorda State FL Zip Code 33950-4552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Foot & Ankle Centers of Charlotte Coun 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
 01 / 27 / 2024
Transaction ID : AFCD96E9BBBFA4DBE990
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Zdancewicz, Alissa, Berner, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15302 Searobbin Dr.
 City Lakewood Ranch State FL Zip Code 34202-5860
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 25 / 2024
Transaction ID : A9DC70A8FD3694FD49B3
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1900.00
TOTAL This Period (last page this line number only).....	20750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. PEOPLE FOR DEREK KILMER

Mailing Address **PO BOX 1381**

City **Tacoma** State **WA** Zip Code **98401-1381**

FEC ID number of contributing federal political committee. **C C00514893**

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

Receipt For: 2024
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
01 / 05 / 2024

Transaction ID : A56D8A575114E41C3BA7

Amount of Each Receipt this Period
1000.00

Memo Item
Refund of 7/28/2023 contribution

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00

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. 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	1		3	1		2	0	2	4

FEC Identification Number

C []

Transaction ID : BBEC6C93D:

Amount of Each Disbursement this Period

[] 607.62

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)..... ▶

[] 607.62

[] 607.62

**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. Bob Casey For Senate Inc

Mailing Address PO BOX 58746

City Philadelphia

State PA

Zip Code 19102-8746

Purpose of Disbursement
Contribution to Committee

Candidate Name

Casey, Bob, , Sen.,

Office Sought: House
 Senate
 President

State: PA District: _____

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	2	4

FEC Identification Number

C C00431056

Transaction ID : B320D85DCD

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

B. BUDDY CARTER FOR CONGRESS

Mailing Address PO BOX 10570

City Savannah

State GA

Zip Code 31412-0770

Purpose of Disbursement
Contribution to Committee

Candidate Name

Carter, Buddy, , Rep.,

Office Sought: House
 Senate
 President

State: GA District: 01

Disbursement For: 2024
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	2	4

FEC Identification Number

C C00543967

Transaction ID : B2996795F0B

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
2	5	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

C. Castor For Congress

Mailing Address 301 W. Platt Street, #385

City Tampa

State FL

Zip Code 33606

Purpose of Disbursement
Contribution to Committee

Candidate Name

Castor, Kathy, , Rep.,

Office Sought: House
 Senate
 President

State: FL District: 14

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	2	4

FEC Identification Number

C C00410761

Transaction ID : B57827F599I

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Memo Item

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

4	5	0	0	0	0	0	0	0	0
4	5	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0
4	5	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)

Grid for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. CONTINUING AMERICA'S STRENGTH AND SECURITY PAC

Date of Disbursement

Date selection: MM/DD/YYYY = 01/30/2024

Mailing Address PO BOX 80505

FEC Identification Number

FEC ID: C00480228

Transaction ID : BC4211E904

Amount of Each Disbursement this Period

Amount: 5000.00

Memo Item

City: BATON ROUGE, State: LA, Zip Code: 70898

Purpose of Disbursement: Contribution to Committee

Candidate Name: CONTINUING AMERICA'S STRENGTH AND SECURITY PAC

Office Sought: House, Senate, President; Disbursement For: 2024; Primary, General, Other (checked); State: District: Other

Full Name (Last, First, Middle Initial)

B. DR JOHN JOYCE FOR CONGRESS

Date of Disbursement

Date selection: MM/DD/YYYY = 01/23/2024

Mailing Address 1002 LOGAN BLVD STE 114 #237

FEC Identification Number

FEC ID: C00674259

Transaction ID : BC9BAEEA71

Amount of Each Disbursement this Period

Amount: 2500.00

Memo Item

City: ALTOONA, State: PA, Zip Code: 16602

Purpose of Disbursement: Contribution to Committee

Candidate Name: Joyce, John, , Rep.,

Office Sought: House (checked), Senate, President; Disbursement For: 2024; Primary (checked), General, Other; State: PA, District: 13

Full Name (Last, First, Middle Initial)

C. Hawkeye PAC

Date of Disbursement

Date selection: MM/DD/YYYY = 01/30/2024

Mailing Address PO BOX 183

FEC Identification Number

FEC ID: C00379479

Transaction ID : BDEF93E5A4

Amount of Each Disbursement this Period

Amount: 2500.00

Memo Item

City: Hudson, State: WI, Zip Code: 54016-0183

Purpose of Disbursement: Contribution to Committee

Candidate Name: Hawkeye PAC

Office Sought: House, Senate, President; Disbursement For: 2024; Primary, General, Other (checked); State: District: Other

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

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

Subtotal amount: 10000.00

Total amount: (empty)

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-28c, 22-28b, 23-28c, 26-29, 27-30b

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Burgess For Congress

Mailing Address PO Box 2334

City Denton

State TX

Zip Code 76202-2334

Purpose of Disbursement VOID of 11/13/2023 Contribution

Candidate Name

Burgess, Michael, C., Rep.,

Office Sought: [X] House [] Senate [] President

State: TX District: 26

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

Category/Type

Date of Disbursement

Date of Disbursement: 01 / 10 / 2024

FEC Identification Number

C00372532

Transaction ID : BB0E63003B

Amount of Each Disbursement this Period

- 1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. Pallone For Congress

Mailing Address PO Box 3176

City Long Branch

State NJ

Zip Code 07740

Purpose of Disbursement Contribution to Committee

Candidate Name

Pallone, Frank, , Rep., Jr.

Office Sought: [X] House [] Senate [] President

State: NJ District: 06

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

Category/Type

Date of Disbursement

Date of Disbursement: 01 / 23 / 2024

FEC Identification Number

C00226928

Transaction ID : B9D8E94E714

Amount of Each Disbursement this Period

2500.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. Pascrell for Congress, Inc.

Mailing Address PO Box 100

City Teaneck

State NJ

Zip Code 07666-0100

Purpose of Disbursement Contribution to Committee

Candidate Name

Pascrell, Bill, , Rep., Jr.

Office Sought: [X] House [] Senate [] President

State: NJ District: 09

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

Category/Type

Date of Disbursement

Date of Disbursement: 01 / 08 / 2024

FEC Identification Number

C00313510

Transaction ID : B5398AFDF9

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).....

2500.00

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)

Form for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stand with Sanchez

Mailing Address PO BOX 4006

City Whittier State CA Zip Code 90607-4006

Purpose of Disbursement Contribution to Committee

Candidate Name Sanchez, Linda, , Rep.,

Office Sought: [X] House [] Senate [] President Disbursement For: 2024 [X] Primary [] General [] Other (specify) State: CA District: 38

Date of Disbursement

Date of Disbursement: 01 / 16 / 2024

FEC Identification Number

C00384057 Transaction ID : BBB58CB489

Amount of Each Disbursement this Period 1500.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. TIM SCOTT FOR AMERICA

Mailing Address 7620 RIVERS AVE STE 370, #312

City North Charleston State SC Zip Code 29406-5008

Purpose of Disbursement Contribution to Committee

Candidate Name Scott, Tim, , Sen.,

Office Sought: [] House [X] Senate [] President Disbursement For: 2028 [X] Primary [] General [] Other (specify) State: SC District:

Date of Disbursement

Date of Disbursement: 01 / 16 / 2024

FEC Identification Number

C00540302 Transaction ID : B3B84E759C

Amount of Each Disbursement this Period 1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. Walberg For Congress

Mailing Address PO Box 1362 317 W WASHINGTON AVE

City Jackson State MI Zip Code 49204-1362

Purpose of Disbursement Contribution to Committee

Candidate Name Walberg, Tim, , Rep.,

Office Sought: [X] House [] Senate [] President Disbursement For: 2024 [X] Primary [] General [] Other (specify) State: MI District: 05

Date of Disbursement

Date of Disbursement: 01 / 08 / 2024

FEC Identification Number

C00390724 Transaction ID : BF3EEC236C

Amount of Each Disbursement this Period 2000.00

[] Memo Item

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

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

Summary boxes showing 4500.00 and 21500.00