

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

American Podiatric Medical Association Political Action Committee

ADDRESS (number and street) 9312 Old Georgetown Road

Check if different than previously reported. (ACC)

Bethesda MD 20814-1621

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00008839

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 08 / 01 / 2023 through 08 / 31 / 2023

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer McCann, William, N., Dr.,

Signature of Treasurer McCann, William, N., Dr., Date 09 / 13 / 2023

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>		<input type="text" value="216787.48"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="175083.27"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="15093.00"/>	<input type="text" value="209819.18"/>
(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="190176.27"/>	<input type="text" value="426606.66"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="49392.89"/>	<input type="text" value="285823.28"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="140783.38"/>	<input type="text" value="140783.38"/>
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 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).....	7045.00	139409.86
(ii) Unitemized	7048.00	59404.68
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	14093.00	198814.54
(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)	14093.00	198814.54
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	5000.60
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	1000.00	6000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	4.04
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)).....▶	15093.00	209819.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	15093.00	209819.18

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	392.89	10823.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	392.89	10823.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	49000.00	274000.00
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	1000.00
(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	1000.00
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)) ..	49392.89	285823.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49392.89	285823.28

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	14093.00	198814.54
34. Total Contribution Refunds (from Line 28(d))	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14093.00	197814.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	392.89	10823.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	5000.60
38. Net Operating Expenditures (subtract Line 37 from Line 36)	392.89	5822.68

**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 22
	<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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Date of Receipt 08 / 15 / 2023
Transaction ID : A7125259C0ED04993994
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Barnett, Lori, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4507 Alsace Ct.
 City New Tripoli State PA Zip Code 18066-2813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coordinated Health Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 17 / 2023
Transaction ID : AD408AED5F23349738AA
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Crawford, Michaele, Anne, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 164 Point Plz
 City Butler State PA Zip Code 16001-2572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ankle & Foot Center Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 15 / 2023
Transaction ID : A524D063CA56B435C8B2
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 22
	<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. Dabdoub, William, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Ayshire Ct.
 City Slidell State LA Zip Code 70461-5034
 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 ▼ 700.00

Date of Receipt 08 / 19 / 2023
Transaction ID : A9C1B3CE548D14BEC8E9
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Dahdah, John, P., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Foot & Ankle Health Group
 933 N. Charlotte St. #2C
 City Pottstown State PA Zip Code 19464-5504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Foot & Ankle Health Group Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 17 / 2023
Transaction ID : AD9BC982BE59042CFBEE
 Amount of Each Receipt this Period 300.00
 Memo Item

C. D'Amico, Joseph, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 W. 57th St. #1G
 City New York State NY Zip Code 10019-3115
 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 / 10 / 2023
Transaction ID : A4DAE15E438AA4CC2AA6
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 22
	<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. Gauland, Christopher, Joseph, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Eastern Carolina F&A Specialists
 2140 W. Arlington Blvd. #D
 City Greenville State NC Zip Code 27834-5709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastern Carolina Foot & Ankle Speciali 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
 08 / 16 / 2023
Transaction ID : ABB802AE99D794AB4A31
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Ginex, Steven, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 77685 Justin Ct.
 City Palm Desert State CA Zip Code 92211-6238
 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
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2023
Transaction ID : A5956C9EF4A464186B95
 Amount of Each Receipt this Period
 80.00
 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
 M M M / D D D / Y Y Y Y Y Y
 08 / 21 / 2023
Transaction ID : A5FF0814A385545DFB65
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	430.00
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 22
	<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. 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 / 21 / 2023
 Transaction ID : A20CEB7EA2C7B4B30B0A
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Groves, Mack, Jay, Dr., IV
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Foot & Ankle Health Center
 323 S. Tyler St.
 City Covington State LA Zip Code 70433
 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 / 31 / 2023
 Transaction ID : A364556DD2E3F439484C
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Jarman, Mikkell, Chris, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9238 S. Oak St.
 City Tempe State AZ Zip Code 85284-3351
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Pediatric Foot and Ankle Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 29 / 2023
 Transaction ID : A4AFADE7EAD684B80889
 Amount of Each Receipt this Period 1000.00
 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 10 OF 22
	<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. Koenigsberg, Richard, Terry, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Remington Podiatry Group
 697 E. Remington Dr. #A
 City Sunnyvale State CA Zip Code 94087-1976
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Remington Podiatry Group Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 16 / 2023
Transaction ID : A2F87AE3668EF42CE82B
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Koewler, Joan, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4157 Clark Rd.
 City Sarasota State FL Zip Code 34233-2403
 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 / 22 / 2023
Transaction ID : A57007FECAD6B4754982
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Ladha, Zahid, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3544 Marquis Ct.
 City Floyds Knobs State IN Zip Code 47119-9766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 08 / 04 / 2023
Transaction ID : AB2CADF2ABA044B48A95
 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 22
	<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. Lorincy, Paul, G., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6360 Library Rd. #202
 City South Park State PA Zip Code 15129-8308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2023
Transaction ID : A8F1195FF725F4E68840
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. McCaughan, Dia, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Quarryville Family Foot Care 104 Fite Way #B
 City Quarryville State PA Zip Code 17566-9395
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Quarryville Family Foot Care 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 / 17 / 2023
Transaction ID : A7005CE0A7686442D889
 Amount of Each Receipt this Period
 150.00
 Memo Item

C. McDonough, Michael, W., 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
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2023
Transaction ID : A6C98556CB90A4BE093E
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 22
	<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. Miller, Jason, Christopher, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1330 Kingwood Dr. #200

City Kingwood	State TX	Zip Code 77339-3038
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt
08 / 15 / 2023
Transaction ID : A9C7E5F8208C046B6A26

Amount of Each Receipt this Period
85.00

Memo Item

B. 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 / 2023
Transaction ID : AB97903DFE618485A817

Amount of Each Receipt this Period
30.00

Memo Item

C. Ruiz, Felipe, D., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address West Coast Podiatry Inc.
724 Medical Center Dr. Bldg E #102

City Clovis	State CA	Zip Code 93611
----------------	-------------	-------------------

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

Name of Employer (for Individual) West Coast Podiatry Inc	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 23 / 2023
Transaction ID : A01A78AB0BC67444B29

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	615.00
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 22
	<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. Sink, Cynthia, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10760 W. 143rd St. #60
 City Orland Park State IL Zip Code 60462-1920
 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 / 16 / 2023
Transaction ID : A6B3032E6CED44374A5F
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Stapp, Mickey, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Augusta Foot & Ankle 1416 Wainbrook Dr.
 City Augusta State GA Zip Code 30909-6289
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Augusta Foot & Ankle Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 10 / 2023
Transaction ID : A39BCF331ACB441D68DF
 Amount of Each Receipt this Period 300.00
 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 / 04 / 2023
Transaction ID : A87D321193EE24CDBA94
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	7045.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 22
(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

A. Carper For Senate

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

Mailing Address PO BOX 2882

City Wilmington State DE Zip Code 19805-0882

FEC ID number of contributing federal political committee. **C** C00349217

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

Receipt For: 2024
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 17 / 2023

Transaction ID : AA590415DA1B94C5D89C

Amount of Each Receipt this Period
1000.00

Memo Item
Retirement refund of 8/30/2022 Contribution

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 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 Y Y

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. Capital One Financial (COF)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		09		2023

Mailing Address P.O. Box 30285

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

FEC Identification Number

C []

Transaction ID : BC707CB9B4
Amount of Each Disbursement this Period

[] 133.82

Memo Item

Purpose of Disbursement
Merchant Fee

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Sandy Spring Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		22		2023

Mailing Address 17801 Georgia Ave

City Olney	State MD	Zip Code 20832-2233
---------------	-------------	------------------------

FEC Identification Number

C []

Transaction ID : BF6E535F2A/
Amount of Each Disbursement this Period

[] 84.27

Memo Item

Purpose of Disbursement
Maintenance Bill

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Square

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		31		2023

Mailing Address 1455 Market Street, Suite 600

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

FEC Identification Number

C []

Transaction ID : B69C219BF4
Amount of Each Disbursement this Period

[] 148.80

Memo Item

Purpose of Disbursement
Bank Fees (credit card processing fees)

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

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

[] 366.89
[]

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. USAePay

Mailing Address 1455 Market Street, Suite 600

City
Glendale

State
CA

Zip Code
91201

Purpose of Disbursement

Merchant Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C []

Transaction ID : BBDA651C4/

Amount of Each Disbursement this Period

2	6	.	0	0
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	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

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

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Memo Item

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

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

2	6	.	0	0
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3	9	2	.	8	9
---	---	---	---	---	---

**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. Adrian Smith For Congress

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	1		2	0	2	3		

Mailing Address 1126 AVENUE A
Suite 6

City
Scottsbluff

State
NE

Zip Code
69361-3563

FEC Identification Number

C C00412890

Transaction ID : B01D35C5B9

Amount of Each Disbursement this Period

2500.00

Memo Item

Purpose of Disbursement
Contribution to Committee

Category/
Type

Candidate Name

Smith, Adrian, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: NE District: 03

Full Name (Last, First, Middle Initial)

B. BALDERSON FOR CONGRESS

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	1		2	0	2	3		

Mailing Address 4679 WINTERSET DR

City
Columbus

State
OH

Zip Code
43220-8113

FEC Identification Number

C C00662650

Transaction ID : BB48395C85

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement
Contribution to Committee

Category/
Type

Candidate Name

Balderson, Troy, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: OH District: 12

Full Name (Last, First, Middle Initial)

C. CAREY FOR CONGRESS

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	1		2	0	2	3		

Mailing Address PO BOX 16032

City
COLUMBUS

State
OH

Zip Code
43216

FEC Identification Number

C C00779603

Transaction ID : B9DC444F6E

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement
Contribution to Committee

Category/
Type

Candidate Name

Carey, Mike, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: OH District: 15

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

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

4500.00

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. Cathy McMorris Rodgers For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		21		2023

Mailing Address Box 137

FEC Identification Number

C	C00390476
---	-----------

City Spokane	State WA	Zip Code 99210-0137
-----------------	-------------	------------------------

Transaction ID : B88AA4EAAI

Purpose of Disbursement
Contribution to Committee

Amount of Each Disbursement this Period

Candidate Name
McMorris Rodgers, Cathy, , Rep.,

5000.00

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
--	--

Memo Item

State: WA District: 05

Full Name (Last, First, Middle Initial)

B. FRIENDS OF NEAL DUNN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		21		2023

Mailing Address PO BOX 10037

FEC Identification Number

C	C00582304
---	-----------

City Tallahassee	State FL	Zip Code 32302-2037
---------------------	-------------	------------------------

Transaction ID : B277A892884

Purpose of Disbursement
Contribution to Committee

Amount of Each Disbursement this Period

Candidate Name
Dunn, Neal, , Rep.,

2500.00

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
--	--

Memo Item

State: FL District: 02

Full Name (Last, First, Middle Initial)

C. Friends Of Sherrod Brown

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		21		2023

Mailing Address 600 PENNSYLVANIA AVE SE #15180

FEC Identification Number

C	C00264697
---	-----------

City Washington	State DC	Zip Code 20003-7508
--------------------	-------------	------------------------

Transaction ID : B21BDFE222

Purpose of Disbursement
Contribution to Committee

Amount of Each Disbursement this Period

Candidate Name
Brown, Sherrod, , Sen.,

4500.00

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) ▼
--	--

Memo Item

State: OH District:

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

12000.00

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. FRIENDS OF TODD YOUNG, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		21		2023

Mailing Address PO BOX 3743

FEC Identification Number

C	C00459255
---	-----------

Transaction ID : BF4D6775A6

Amount of Each Disbursement this Period

5000.00

Memo Item

City
Carmel

State
IN

Zip Code
46082-3743

Purpose of Disbursement
Contribution to Committee

Category/Type

Candidate Name

Young, Todd, C., Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2028
 Primary General
 Other (specify) ▼

State: IN District:

Full Name (Last, First, Middle Initial)

B. IMPACT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		21		2023

Mailing Address 192 LEXINGTON AVE.
SUITE 1001

FEC Identification Number

C	C00348607
---	-----------

Transaction ID : BACEBA1345

Amount of Each Disbursement this Period

5000.00

Memo Item

City
New York

State
NY

Zip Code
10016-6823

Purpose of Disbursement
Contribution to Committee

Category/Type

Candidate Name

IMPACT

Office Sought: House
 Senate
 President

Disbursement For: 2023
 Primary General
 Other (specify) Other

State: District:

Full Name (Last, First, Middle Initial)

C. JEFFRIES FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		21		2023

Mailing Address PO BOX 65322

FEC Identification Number

C	C00503052
---	-----------

Transaction ID : B7E21B5613

Amount of Each Disbursement this Period

5000.00

Memo Item

City
Washington

State
DC

Zip Code
20035-5322

Purpose of Disbursement
Contribution to Committee

Category/Type

Candidate Name

Jeffries, Hakeem, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: NY District: 08

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

15000.00

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. Latta For Congress

Mailing Address P.O. Box 106

City
Bowling Green

State
OH

Zip Code
43402-0106

Purpose of Disbursement
Contribution to Committee

Candidate Name

Latta, Bob, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: OH District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	1		2	0	2	3		

FEC Identification Number

C C00438697

Transaction ID : B3AD4DDE5

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LISA MCCLAIN FOR CONGRESS

Mailing Address PO BOX 327

City
Romeo

State
MI

Zip Code
48065-0327

Purpose of Disbursement
Contribution to Committee

Candidate Name

McClain, Lisa, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: MI District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		0	4		2	0	2	3		

FEC Identification Number

C C00726042

Transaction ID : B9EBD1166D

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. 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: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	1		2	0	2	3		

FEC Identification Number

C C00226928

Transaction ID : B844F29ABA

Amount of Each Disbursement this Period

2500.00

Memo Item

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

8500.00

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

Mailing Address 3104 EAST CAMELBACK ROAD STE 2889

City Phoenix State AZ Zip Code 85016-4502

Purpose of Disbursement
Contribution to Committee

Candidate Name

Gosar, Paul, , Rep.,

Office Sought: House
 Senate
 President
State: AZ District: 09

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	21	/	2023

FEC Identification Number

C C00461806

Transaction ID : B6631D850A

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. RICK W. ALLEN FOR CONGRESS

Mailing Address P. O. BOX 338

City Augusta State GA Zip Code 30903-0338

Purpose of Disbursement
Contribution to Committee

Candidate Name

Allen, Rick, W., Rep.,

Office Sought: House
 Senate
 President
State: GA District: 12

Disbursement For: 2024
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	21	/	2023

FEC Identification Number

C C00504019

Transaction ID : B089DA7F17

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SCALISE FOR CONGRESS

Mailing Address PO BOX 23219

City New Orleans State LA Zip Code 70183-0219

Purpose of Disbursement
Contribution to Committee

Candidate Name

Scalise, Steve, , Rep.,

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

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	21	/	2023

FEC Identification Number

C C00394957

Transaction ID : B2AB48A015

Amount of Each Disbursement this Period

2500.00

Memo Item

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

4500.00

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. STEVE DAINES FOR MONTANA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		21		2023

Mailing Address PO BOX 1598

FEC Identification Number

C	C00491357
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Transaction ID : B0807478F60

Amount of Each Disbursement this Period

1000.00

Memo Item

City Helena	State MT	Zip Code 59624-1598
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Purpose of Disbursement
Contribution to Committee

Candidate Name
Daines, Steve, , Sen.,

Office Sought:	House	Disbursement For: 2026
	<input checked="" type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼
State: MT	District:	

Full Name (Last, First, Middle Initial)

B. TUBERVILLE FOR SENATE, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		21		2023

Mailing Address PO BOX 3071

FEC Identification Number

C	C00701672
---	-----------

Transaction ID : BC2D855355f

Amount of Each Disbursement this Period

1000.00

Memo Item

City Auburn	State AL	Zip Code 36831-3071
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Purpose of Disbursement
Contribution to Committee

Candidate Name
Tuberville, Tommy, , Sen.,

Office Sought:	House	Disbursement For: 2026
	<input checked="" type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼
State: AL	District:	

Full Name (Last, First, Middle Initial)

C. Vern Buchanan For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		21		2023

Mailing Address P. O. Box 48928

FEC Identification Number

C	C00412759
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Transaction ID : BA2AA378D!

Amount of Each Disbursement this Period

2500.00

Memo Item

City Sarasota	State FL	Zip Code 34230-5928
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Purpose of Disbursement
Contribution to Committee

Candidate Name
Buchanan, Vern, , Rep.,

Office Sought:	<input checked="" type="checkbox"/> House	Disbursement For: 2024
	<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼
State: FL	District: 16	

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

4500.00

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

49000.00
