

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 / / 2023 through / / 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 / / 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"/>	<input type="text" value="216787.48"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="140783.38"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="11641.14"/>	<input type="text" value="221460.32"/>
(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="152424.52"/>	<input type="text" value="438247.80"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="34528.36"/>	<input type="text" value="320351.64"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="117896.16"/>	<input type="text" value="117896.16"/>
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: 09 / 01 / 2023 To: 09 / 30 / 2023

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).....	7169.84	146579.70
(ii) Unitemized	4471.00	63875.68
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	11640.84	210455.38
(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)	11640.84	210455.38
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.....	0.00	6000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.30	4.34
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)).....▶	11641.14	221460.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	11641.14	221460.32

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	528.36	11351.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	528.36	11351.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	34000.00	308000.00
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)) ..	34528.36	320351.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34528.36	320351.64

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)	11640.84	210455.38
34. Total Contribution Refunds (from Line 28(d))	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11640.84	209455.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	528.36	11351.64
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	5000.60
38. Net Operating Expenditures (subtract Line 37 from Line 36)	528.36	6351.04

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 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Baxter, Mark, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 421 W. Stone Dr. #6
 City Kingsport State TN Zip Code 37660-3270
 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 **09 / 30 / 2023**
Transaction ID : A1FE27ACE69FD4B439CB
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Campbell, Neil, Anthony, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43 Herder Rd
 City Yoakum State TX Zip Code 77995-5198
 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 **09 / 21 / 2023**
Transaction ID : A08D58CA2BFCF421E944
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Carroll, Michael, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Carroll Foot & Ankle Clinic PC
 8849 Shelby St
 City Indianapolis State IN Zip Code 46227-7508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southside Foot Clinic P.C. Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 300.00

Date of Receipt **09 / 20 / 2023**
Transaction ID : A0EEABA50936949C1884
 Amount of Each Receipt this Period 150.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
	<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. Churchwell, Charles, S., Dr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 803347
 City Dallas State TX Zip Code 75380-3347
 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 09 / 25 / 2023
Transaction ID : A0CADB457E515470FA65
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Dabdoub, William, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Ayshire Ct.
 City 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 ▼ 750.00

Date of Receipt 09 / 18 / 2023
Transaction ID : AEC320733B5F844B5BB9
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Giles, Meeghan, N., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7204 Wildings Blvd.
 City College Grove State TN Zip Code 37046-0050
 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 09 / 30 / 2023
Transaction ID : AF7BB07A607B84B75A53
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
	<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. 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 ▼ 450.00

Date of Receipt 09 / 20 / 2023
Transaction ID : A9F23F92CDA294F6AA8D

Amount of Each Receipt this Period 50.00

Memo Item

B. Green, Christopher, James, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Foot & Ankle Surgeons of Oklahoma
13100 N. Western Ave. #200

City Oklahoma City State OK Zip Code 73114-1431

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 ▼ 2500.00

Date of Receipt 09 / 22 / 2023
Transaction ID : A453B4856504140C6AA2

Amount of Each Receipt this Period 2500.00

Memo Item

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

Mailing Address Center for Orthopaedics
1747 Imperial Blvd.

City Lake Charles State LA Zip Code 70605

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 09 / 21 / 2023
Transaction ID : A130EE15A939F488AB22

Amount of Each Receipt this Period 300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2850.00

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 21
	<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. House, Marc, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12510 E. Iliff Ave. #120
 City Aurora State CO Zip Code 80014-6377
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Podiatry Assoc. Foot & Ankle Institute 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
 09 / 12 / 2023
Transaction ID : ADAC7BE7573224B42B6A
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Jones, Dan, Elwin, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Comfort Podiatry Group
 950 Scotland Dr
 City Desoto State TX Zip Code 75115-2057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Comfort Podiatry Group Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2023
Transaction ID : A05DC5B16AD784B90A49
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. 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 Surger 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
 09 / 14 / 2023
Transaction ID : A5A618E26F5F94CBCB7A
 Amount of Each Receipt this Period
 300.00
 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 10 OF 21
	<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. Ladha, Zahid, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3544 Marquis Ct.

City Floyds Knobs	State IN	Zip Code 47119-9766
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2023

Transaction ID : A12DA721DDE174A48A95

Amount of Each Receipt this Period
300.00

Memo Item

B. McCann, William, N., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Affiliates in Podiatry, PC
248 Pleasant St.#203 Pillsbury Med

City Concord	State NH	Zip Code 03301-2588
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pillsbury Medical Bldg.	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2023

Transaction ID : A211F9BB2929F4EA7AFE

Amount of Each Receipt this Period
50.00

Memo Item

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
765.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2023

Transaction ID : A98CEE4F539BE447E8D1

Amount of Each Receipt this Period
85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	435.00
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 21
	<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. Petty, Jeffrey, S., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Family Foot & Ankle Centers
 3229 W. 7th Ave.
 City Corsicana State TX Zip Code 75110-4817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Family 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
 09 / 22 / 2023
Transaction ID : AA441179751834F3BA1D
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Schulman, Barry, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Upperline Health /Village Podiatry
 52 Mouse Creek Rd NW
 City Cleveland State TN Zip Code 37312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) My Foot Doctor Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 251.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2023
Transaction ID : A95C399912A59414E83B
 Amount of Each Receipt this Period
 1.00
 Memo Item

C. Stewart, Clarence, Milton, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2701 New Bern Ave.
 City Raleigh State NC Zip Code 27610-1822
 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
 09 / 05 / 2023
Transaction ID : A98BE5A8FDD13417681B
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	551.00
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 21
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Thomajan, Craig, H., Dr.,			Date of Receipt MM / DD / YYYY 09 / 05 / 2023 Transaction ID : A29C8CC4E6B3240A19EC		
Mailing Address Austin Foot and Ankle Specialists 5000 Bee Caves Rd. #202			Amount of Each Receipt this Period 100.00		
City West Lake Hills	State TX	Zip Code 78746-5254	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 900.00		
Name of Employer (for Individual) Austin Foot and Ankle Specialists		Occupation (for Individual) Podiatric Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tower, Dyane, E., Dr.,			Date of Receipt MM / DD / YYYY 09 / 11 / 2023 Transaction ID : AC4F29AD82A4844B8B7E		
Mailing Address 9312 Old Georgetown Rd			Amount of Each Receipt this Period 83.84		
City Bethesda	State MD	Zip Code 20814-1621	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 670.72		
Name of Employer (for Individual) American Podiatric Medical Association		Occupation (for Individual) Director Clinical Affairs	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Treleven, Kristen, N., Dr.,			Date of Receipt MM / DD / YYYY 09 / 23 / 2023 Transaction ID : A31E11D6EA10247B7BF8		
Mailing Address 430 Oxford Crossing Rd.			Amount of Each Receipt this Period 300.00		
City Van Alstyne	State TX	Zip Code 75495-3950	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 300.00		
Name of Employer (for Individual) Foot & Ankle Medical Clinic		Occupation (for Individual) Podiatric Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....▶	483.84
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 21
	<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. Weary, Summer, Rose, Dr.,			Date of Receipt MM / DD / YYYY 09 / 30 / 2023
Mailing Address 503 N. Cedar Ave.			Transaction ID : A96BA36B1FF4B4A26B20
City Cookeville	State TN	Zip Code 38501-1707	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Apex Podiatry PLLC		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 ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B.			Date of Receipt MM / DD / YYYY
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.			Date of Receipt MM / DD / YYYY
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	7169.84

**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	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	2	3

Mailing Address P.O. Box 30285

City
Salt Lake City

State
UT

Zip Code
84130-0285

FEC Identification Number

C [REDACTED]

Transaction ID : BFACFDB59⁴
Amount of Each Disbursement this Period

[REDACTED] 162.24

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	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	2	3

Mailing Address 17801 Georgia Ave

City
Olney

State
MD

Zip Code
20832-2233

FEC Identification Number

C [REDACTED]

Transaction ID : BF1254F5D47
Amount of Each Disbursement this Period

[REDACTED] 95.46

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	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	3

Mailing Address 1455 Market Street, Suite 600

City
San Francisco

State
CA

Zip Code
94103-1332

FEC Identification Number

C [REDACTED]

Transaction ID : B2B2E1DC2[!]
Amount of Each Disbursement this Period

[REDACTED] 244.66

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)..... ▶

[REDACTED] 502.36

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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	9		0	6		2	0	2	3		

FEC Identification Number

C

Transaction ID : B96D78B9A0

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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5	2	8	.	3	6
---	---	---	---	---	---

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. ANDY KIM FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		13		2023

Mailing Address PO BOX 211

FEC Identification Number

C	C00648220
---	-----------

Transaction ID : B381D65F71f

Amount of Each Disbursement this Period

1000.00

Memo Item

City MARLTON	State NJ	Zip Code 08053
-----------------	-------------	-------------------

Purpose of Disbursement
Contribution to Committee

Category/ Type

Candidate Name

Kim, Andy, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: NJ District: 03

Full Name (Last, First, Middle Initial)

B. Anna Eshoo For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		13		2023

Mailing Address 555 CAPITOL MALL, SUITE 400

FEC Identification Number

C	C00258475
---	-----------

Transaction ID : B410BC6726f

Amount of Each Disbursement this Period

2500.00

Memo Item

City Sacramento	State CA	Zip Code 95814-4503
--------------------	-------------	------------------------

Purpose of Disbursement
Contribution to Committee

Category/ Type

Candidate Name

Eshoo, Anna, G., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: CA District: 16

Full Name (Last, First, Middle Initial)

C. CONNOLLY FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		21		2023

Mailing Address PO BOX 563

FEC Identification Number

C	C00445452
---	-----------

Transaction ID : B0807051FB

Amount of Each Disbursement this Period

1000.00

Memo Item

City Merrifield	State VA	Zip Code 22116-0563
--------------------	-------------	------------------------

Purpose of Disbursement
Contribution to Committee

Category/ Type

Candidate Name

Connolly, Gerry, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: VA District: 11

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. DAVIS FOR CONGRESS/FRIENDS OF DAVIS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		21		2023

Mailing Address 5956 W. RACE AVENUE

FEC Identification Number

C	C00172619
---	-----------

Transaction ID : B5D55035D0

Amount of Each Disbursement this Period

2500.00

Memo Item

City Chicago	State IL	Zip Code 60644-1462
-----------------	-------------	------------------------

Purpose of Disbursement
Contribution to Committee

Category/ Type

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

Office Sought: House
 Senate
 President

State: IL District: 07

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Diana Degette For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		13		2023

Mailing Address P.O. Box 61337

FEC Identification Number

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

Transaction ID : BAF5204BD6

Amount of Each Disbursement this Period

5000.00

Memo Item

City Denver	State CO	Zip Code 80206-8337
----------------	-------------	------------------------

Purpose of Disbursement
Contribution to Committee

Category/ Type

Candidate Name
DeGette, Diana, , Rep.,

Office Sought: House
 Senate
 President

State: CO District: 01

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Diana Degette For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		13		2023

Mailing Address P.O. Box 61337

FEC Identification Number

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

Transaction ID : B7DCF3F270

Amount of Each Disbursement this Period

5000.00

Memo Item

City Denver	State CO	Zip Code 80206-8337
----------------	-------------	------------------------

Purpose of Disbursement
Contribution to Committee

Category/ Type

Candidate Name
DeGette, Diana, , Rep.,

Office Sought: House
 Senate
 President

State: CO District: 01

Disbursement For: 2024
 Primary General
 Other (specify) ▼

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

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

12500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. DR. RAUL RUIZ FOR CONGRESS

Mailing Address PO BOX 1566

City
Indio

State
CA

Zip Code
92202-1566

Purpose of Disbursement
Contribution to Committee

Candidate Name

Ruiz, Raul, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: CA District: 25

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	2	3

FEC Identification Number

C C00502575

Transaction ID : B6D5800A5E

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

B. ELISSA SLOTKIN FOR MICHIGAN

Mailing Address P.O. BOX 4145

City
East Lansing

State
MI

Zip Code
48826-4145

Purpose of Disbursement
Contribution to Committee

Candidate Name

Slotkin, Elissa, ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: MI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	2	3

FEC Identification Number

C C00834218

Transaction ID : BF5EE26C9E

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CHRIS SMITH

Mailing Address PO BOX 1266

City
Toms River

State
NJ

Zip Code
08754-1266

Purpose of Disbursement
Contribution to Committee

Candidate Name

Smith, Chris, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: NJ District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	2	3

FEC Identification Number

C C00096412

Transaction ID : BD1FBBA30

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Memo Item

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

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

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)

<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. Individuals Dedicated to Ethics and Science PAC

Mailing Address PO Box 6911

City
Denver

State
CO

Zip Code
80206-0911

Purpose of Disbursement

Contribution to Committee

Candidate Name

Individuals Dedicated to Ethics and Science PAC

Office Sought:

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

Disbursement For: 2023

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	2	3

FEC Identification Number

C00380675

Transaction ID : B42DC3D2F1

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JAY OBERNOLTE FOR CONGRESS

Mailing Address 824 S MILLEDGE AVE STE 101

City
Athens

State
GA

Zip Code
30606

Purpose of Disbursement

Contribution to Committee

Candidate Name

Obernolte, Jay, , Rep.,

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)		

State: CA District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	2	3

FEC Identification Number

C00720078

Transaction ID : B61283B5DAI

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JOSH GOTTHEIMER FOR CONGRESS

Mailing Address PO BOX 584

City
RIDGEWOOD

State
NJ

Zip Code
07451

Purpose of Disbursement

Contribution to Committee

Candidate Name

Gottheimer, Josh, , Rep.,

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) ▼		

State: NJ District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	2	3

FEC Identification Number

C00573949

Transaction ID : B0EE039DDI

Amount of Each Disbursement this Period

1000.00

Memo Item

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

7000.00

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. JOSH HARDER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		21		2023

Mailing Address PO BOX 4220

FEC Identification Number

C	C00639146
---	-----------

Transaction ID : B6166D3559F

Amount of Each Disbursement this Period

2500.00

Memo Item

City Manteca	State CA	Zip Code 95337-0004
-----------------	-------------	------------------------

Purpose of Disbursement

Contribution to Committee

Category/ Type

Candidate Name

Harder, Josh, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: CA District: 09

Full Name (Last, First, Middle Initial)

B. McCollum For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		21		2023

Mailing Address P.O. Box 14131

FEC Identification Number

C	C00354688
---	-----------

Transaction ID : B8E6B1244F

Amount of Each Disbursement this Period

1000.00

Memo Item

City Saint Paul	State MN	Zip Code 55114-0131
--------------------	-------------	------------------------

Purpose of Disbursement

Contribution to Committee

Category/ Type

Candidate Name

McCollum, Betty, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MN District: 04

Full Name (Last, First, Middle Initial)

C. Sanford Bishop For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		13		2023

Mailing Address P. O. Box 909

FEC Identification Number

C	C00266940
---	-----------

Transaction ID : B2A4AEECD

Amount of Each Disbursement this Period

1000.00

Memo Item

City Columbus	State GA	Zip Code 31902
------------------	-------------	-------------------

Purpose of Disbursement

Contribution to Committee

Category/ Type

Candidate Name

Bishop, Sanford, D., Rep., Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: GA District: 02

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Walberg For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2023

Mailing Address PO Box 1362

317 W WASHINGTON AVE

City
Jackson

State
MI

Zip Code
49204-1362

FEC Identification Number

C C00390724

Transaction ID : BEE546A01D

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement
Contribution to Committee

Category/Type

Candidate Name

Walberg, Tim, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MI District: 05

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City

State

Zip Code

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City

State

Zip Code

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

1000.00

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

34000.00