

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) **11400 Rockville Pike, Suite 220**
Check if different than previously reported. (ACC)
Rockville MD 20852-3004

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

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

5. Covering Period / / 2024 through / / 2024

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

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2024"/>		<input type="text" value="101135.56"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="73523.63"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="13402.42"/>	<input type="text" value="156232.25"/>
(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="86926.05"/>	<input type="text" value="257367.81"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="41108.48"/>	<input type="text" value="211550.24"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="45817.57"/>	<input type="text" value="45817.57"/>
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).....	10440.76	113803.98
(ii) Unitemized	2961.66	41425.88
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	13402.42	155229.86
(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)	13402.42	155229.86
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	2.39
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)).....▶	13402.42	156232.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	13402.42	156232.25

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	608.48	3500.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	608.48	3500.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40500.00	207500.00
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	550.00
(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	550.00
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)) ..	41108.48	211550.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41108.48	211550.24

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	13402.42	155229.86
34. Total Contribution Refunds (from Line 28(d))	0.00	550.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13402.42	154679.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	608.48	3500.24
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	608.48	3500.24

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 25
	<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. Andersen, Jane, Elizabeth, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Chapel Hill Foot & Ankle Specialis**
1506 E. Franklin St. #104

City Chapel Hill	State NC	Zip Code 27514-3616
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Chapel Hill Foot & Ankle Assoc.	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2024

Transaction ID : AF9CA4A111C8E40179B4

Amount of Each Receipt this Period
76.92

Memo Item

B. Barrick, Kelsey, Anne, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **29704 S.E. 32nd Cir.**

City Washougal	State WA	Zip Code 98671-8223
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Legacy Health	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
07 / 02 / 2024

Transaction ID : A78228B56740C4B19882

Amount of Each Receipt this Period
300.00

Memo Item

C. Barth, Lindsay, Dean, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Next Step Foot & Ankle Centers**
5139 MAttis Rd. #102

City Saint Louis	State MO	Zip Code 63128-2250
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Next Step Foot and Ankle	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
07 / 09 / 2024

Transaction ID : A6654C86C700C402DAFE

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	876.92
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 25
	<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) Retired Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 18 / 2024
Transaction ID : A6B31C42FD1A047FFBEC
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Dolan, James, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Lincoln St.
 City Exeter State NH Zip Code 03833-3212
 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 07 / 03 / 2024
Transaction ID : A5963FE47D68B4624B7B
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Dolan, James, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Lincoln St.
 City Exeter State NH Zip Code 03833-3212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 25 / 2024
Transaction ID : AF80260E64DCB4CD3818
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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 25
	<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. 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 **560.00**

Date of Receipt **07 / 30 / 2024**
Transaction ID : A531829323A504393AF0
 Amount of Each Receipt this Period **80.00**
 Memo Item

B. Green, Tyson, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Center for Orthopaedics 1747 Imperial Blvd.
 City Lake Charles State LA Zip Code 70605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Center for Orthopaedics Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2000.00**

Date of Receipt **07 / 21 / 2024**
Transaction ID : AAA3B5A36005A4672867
 Amount of Each Receipt this Period **300.00**
 Memo Item

C. King, Christy, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 659 Ironbark Cir.
 City Orinda State CA Zip Code 94563-2410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 08 / 2024**
Transaction ID : AD10FCD72AC984D23976
 Amount of Each Receipt this Period **500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	880.00
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 25
	<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
 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 ▼ 2100.00

Date of Receipt **07 / 03 / 2024**
Transaction ID : AC463344FE3D34F378A5
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Laha, David, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Kansas City Foot Specialists, PA 7230 W. 129th St.
 City Overland Park State KS Zip Code 66213-2624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kansas City Foot Specialists, PA Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **07 / 11 / 2024**
Transaction ID : A4951EA9C240441E1890
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Lawrence, David, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 131 Boston Post Rd., P.O. Box 418
 City East Lyme State CT Zip Code 06333-0418
 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 **07 / 02 / 2024**
Transaction ID : A5116E66A3D9B4E52A46
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5600.00
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 25
	<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. Lullove, Eric, Jay, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4855 W Hillsboro Blvd
 Ste B6
 City Coconut Creek State FL Zip Code 33073-4356
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eric J Lullove DPM PA Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 25 / 2024
Transaction ID : ADF1B50B7C80E479B844
 Amount of Each Receipt this Period 1000.00
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pillsbury Medical Bldg. Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 11 / 2024
Transaction ID : A208BD651F83A45EB8AC
 Amount of Each Receipt this Period 50.00
 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 ▼ 300.00

Date of Receipt 07 / 02 / 2024
Transaction ID : A56F565DF29994755B6E
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1350.00
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 25
<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. McKenna, Bryon, James, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1433 Burma Rd.
 City Thibodaux State LA Zip Code 70301-6187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Thibodaux Regional Health Systems Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt **07 / 30 / 2024**
Transaction ID : A2655F4B5D49949CD9FE
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Miller, Jason, Christopher, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1330 Kingwood Dr. #200
 City Kingwood State TX Zip Code 77339-3038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 595.00

Date of Receipt **07 / 13 / 2024**
Transaction ID : AE5162C34BE6242A194D
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Prant, Gary, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9125 Ventura St. N.E.
 City Albuquerque State NM Zip Code 87122-1114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gary D. Prant, DPM Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 16 / 2024**
Transaction ID : A590340C73029462C955
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 12 OF 25
Use separate schedule(s) for each category of the Detailed Summary Page
FOR LINE NUMBER: (check only one)
[X] 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rambacher, Thomas, E., Dr.,
Mailing Address 26302 La Paz Rd. #101
City Mission Viejo State CA Zip Code 92691-5327
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 07 / 25 / 2024
Transaction ID : AC46E800C5EAD414697B
Amount of Each Receipt this Period 300.00
Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Solak, Matt, , Mr.,
Mailing Address 133 W. Market St. #261
City Indianapolis State IN Zip Code 46204-2801
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Indiana Podiatric Medical Assn. Occupation (for Individual) Executive Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 250.00

Date of Receipt 07 / 18 / 2024
Transaction ID : A6D58B753BA3D4971BF1
Amount of Each Receipt this Period 50.00
Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sollecito, Vincent, , Dr., III
Mailing Address 422 Gillham Ct.
City Ballwin State MO Zip Code 63021-6167
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Foot and Ankle Surgeons of America Occupation (for Individual) Podiatric Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 300.00

Date of Receipt 07 / 03 / 2024
Transaction ID : A5CE88BC1CE614848BDC
Amount of Each Receipt this Period 100.00
Memo Item

SUBTOTAL of Receipts This Page (optional) 450.00
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 25
	<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. Sparks, Michelle, Parr, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13607 State Route 422, Suite D
 City Kittanning State PA Zip Code 16201-3571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ankle and Foot Care Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 25 / 2024
Transaction ID : AA5F7113B5D64418AA88
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Thomajan, Craig, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Austin Foot and Ankle Specialists
 5000 Bee Caves Rd. #202
 City 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 ▼ 700.00

Date of Receipt 07 / 04 / 2024
Transaction ID : A82853FD706F14CBC9D9
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Thompson, Michael, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 68th Pl.
 City Kenosha State WI Zip Code 53143-5137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 11 / 2024
Transaction ID : AF43B691519FB4E50ABD
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	525.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 14 OF 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 9312 Old Georgetown Rd

City Bethesda	State MD	Zip Code 20814-1621
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
586.88

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	11	/	2024

Transaction ID : A73359EBCD96F4A4EB17

Amount of Each Receipt this Period
83.84

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	83.84
TOTAL This Period (last page this line number only).....	10440.76

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b through 30b with checkboxes.

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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)

Mailing Address P.O. Box 30285

City Salt Lake City State UT Zip Code 84130-0285

Purpose of Disbursement

Merchant Fee
Candidate Name

Office Sought: House, Senate, President
State: District:

Disbursement For: Primary, General, Other (specify)

Date of Disbursement

Date of Disbursement: 07 / 09 / 2024

FEC Identification Number

C [Redacted]

Transaction ID : B84CFEA54E

Amount of Each Disbursement this Period

473.92

Memo Item

Full Name (Last, First, Middle Initial)

B. Sandy Spring Bank

Mailing Address 17801 Georgia Ave

City Olney State MD Zip Code 20832-2233

Purpose of Disbursement

Maintenance Bill
Candidate Name

Office Sought: House, Senate, President
State: District:

Disbursement For: Primary, General, Other (specify)

Date of Disbursement

Date of Disbursement: 07 / 17 / 2024

FEC Identification Number

C [Redacted]

Transaction ID : B197F48C46E

Amount of Each Disbursement this Period

107.56

Memo Item

Full Name (Last, First, Middle Initial)

C. USAePay

Mailing Address 1455 Market Street, Suite 600

City Glendale State CA Zip Code 91201

Purpose of Disbursement

Merchant Fee
Candidate Name

Office Sought: House, Senate, President
State: District:

Disbursement For: Primary, General, Other (specify)

Date of Disbursement

Date of Disbursement: 07 / 08 / 2024

FEC Identification Number

C [Redacted]

Transaction ID : B406FBBE4C

Amount of Each Disbursement this Period

27.00

Memo Item

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

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

608.48

608.48

**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. AUGUST PFLUGER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		08		2024

Mailing Address PO BOX 3530

FEC Identification Number

C	C00719294
---	-----------

Transaction ID : B8EB7C3135

Amount of Each Disbursement this Period

1000.00

Memo Item

City SAN ANGELO	State TX	Zip Code 76902
--------------------	-------------	-------------------

Purpose of Disbursement
Contribution to Committee

Category/ Type

Candidate Name
Pfluger, August, , Rep., II

Office Sought: House
 Senate
 President

State: TX District: 11

Disbursement For: 2024

Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. BLAKE MOORE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		08		2024

Mailing Address 358 SOUTH 700 E B505

FEC Identification Number

C	C00738872
---	-----------

Transaction ID : B724A09F330

Amount of Each Disbursement this Period

1000.00

Memo Item

City Salt Lake City	State UT	Zip Code 84102-2161
------------------------	-------------	------------------------

Purpose of Disbursement
Contribution to Committee

Category/ Type

Candidate Name
Moore, Blake, , Rep.,

Office Sought: House
 Senate
 President

State: UT District: 01

Disbursement For: 2024

Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Bob Casey For Senate Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		08		2024

Mailing Address PO BOX 58746

FEC Identification Number

C	C00431056
---	-----------

Transaction ID : BDE0AAED5

Amount of Each Disbursement this Period

4000.00

Memo Item

City Philadelphia	State PA	Zip Code 19102-8746
----------------------	-------------	------------------------

Purpose of Disbursement
Contribution to Committee

Category/ Type

Candidate Name
Casey, Bob, , Sen.,

Office Sought: House
 Senate
 President

State: PA District:

Disbursement For: 2024

Primary General
 Other (specify) ▼

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

6000.00

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. CHRIS PAPPAS FOR CONGRESS

Mailing Address PO BOX 313

City
Manchester

State
NH

Zip Code
03105-0313

Purpose of Disbursement

Contribution to Committee

Candidate Name

Pappas, Chris, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: NH District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	2	4

FEC Identification Number

C C00660464

Transaction ID : B6104201163

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Committee To Re-Elect Nydia M. Velazquez To Congress

Mailing Address 315 Inspiration Lane

City
Gaithersburg

State
MD

Zip Code
20878-5808

Purpose of Disbursement

Contribution to Committee

Candidate Name

Velazquez, Nydia, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: NY District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	2	4

FEC Identification Number

C C00271312

Transaction ID : BB39C97749f

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DAN CRENSHAW FOR CONGRESS

Mailing Address PO BOX 430965

City
Houston

State
TX

Zip Code
77243-0965

Purpose of Disbursement

Contribution to Committee

Candidate Name

Crenshaw, Dan, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: TX District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	2	4

FEC Identification Number

C C00660795

Transaction ID : B50C376EC3

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dina Titus For Congress

Mailing Address PO BOX 72454

City Las Vegas

State NV

Zip Code 89170-2454

Purpose of Disbursement

Contribution to Committee

Candidate Name

Titus, Dina, , Rep.,

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

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

State: NV District: 01

Date of Disbursement

Date field showing 07 / 08 / 2024

FEC Identification Number

C C00450577

Transaction ID : B6FEF679C0

Amount of Each Disbursement this Period

1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. DR JOHN JOYCE FOR CONGRESS

Mailing Address 1002 LOGAN BLVD STE 114 #237

City ALTOONA

State PA

Zip Code 16602

Purpose of Disbursement

Contribution to Committee

Candidate Name

Joyce, John, , Rep.,

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

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

State: PA District: 13

Date of Disbursement

Date field showing 07 / 08 / 2024

FEC Identification Number

C C00674259

Transaction ID : BBB158FA25

Amount of Each Disbursement this Period

5000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Chris Murphy

Mailing Address PO BOX 230987

City Hartford

State CT

Zip Code 06123-0987

Purpose of Disbursement

VOID of 6/4/2024 Contribution

Candidate Name

Murphy, Chris, , Sen.,

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

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

State: CT District:

Date of Disbursement

Date field showing 07 / 25 / 2024

FEC Identification Number

C C00492645

Transaction ID : B04FD21346

Amount of Each Disbursement this Period

- 2500.00

[] Memo Item

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

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

3500.00

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. Friends Of Chris Murphy

Mailing Address PO BOX 230987

City
Hartford

State
CT

Zip Code
06123-0987

Purpose of Disbursement
VOID of 5/6/2024 Contribution

Candidate Name

Murphy, Chris, , Sen.,

Office Sought:

House

Senate

President

Disbursement For: 2024

Primary General

Other (specify) **Convention**

State: CT

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	2	4

FEC Identification Number

C C00492645

Transaction ID : B5555ED621/

Amount of Each Disbursement this Period

- 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF MARK WARNER

Mailing Address 611 PENNSYLVANIA AVE SE NUM 143

City
Washington

State
DC

Zip Code
20003-4303

Purpose of Disbursement
Contribution to Committee

Candidate Name

Warner, Mark, R., Sen.,

Office Sought:

House

Senate

President

Disbursement For: 2026

Primary General

Other (specify)

State: VA

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	2	6

FEC Identification Number

C C00438713

Transaction ID : B1D316180FC

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SCOTT DESJARLAIS

Mailing Address 95 WHITE BRIDGE RD SUITE 207

City
Nashville

State
TN

Zip Code
37205-1482

Purpose of Disbursement
Contribution to Committee

Candidate Name

DesJarlais, Scott, , Rep.,

Office Sought:

House

Senate

President

Disbursement For: 2024

Primary General

Other (specify)

State: TN

District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	2	4

FEC Identification Number

C C00464073

Transaction ID : BF1D8A251A

Amount of Each Disbursement this Period

1000.00

Memo Item

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

1000.00

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. HALEY STEVENS FOR CONGRESS

Mailing Address 33717 WOODWARD AVE
#539

City BIRMINGHAM State MI Zip Code 48009

Purpose of Disbursement
Contribution to Committee

Candidate Name

Stevens, Haley, , Rep.,

Office Sought: House
 Senate
 President
State: MI District: 11

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	2	4

FEC Identification Number

C C00638650

Transaction ID : B0CDB05306

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

B. HERB CONAWAY FOR CONGRESS

Mailing Address P.O. BOX 493

City WILLINGBORO State NJ Zip Code 08046

Purpose of Disbursement
Contribution to Committee

Candidate Name

Conaway, Herb, , MD

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

Disbursement For: 2024
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	2	4

FEC Identification Number

C C00859496

Transaction ID : B382E588234

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. JAMIE RASKIN FOR CONGRESS

Mailing Address P.O. BOX 5418

City TAKOMA PARK State MD Zip Code 20913

Purpose of Disbursement
Contribution to Committee

Candidate Name

Raskin, Jamie, , Rep.,

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

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	2	4

FEC Identification Number

C C00575126

Transaction ID : B0195FB917

Amount of Each Disbursement this Period

1	0	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)..... ▶

3	0	0	0	0	0	0	0	0	0
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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)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. JOHN CURTIS FOR UTAH

Mailing Address PO BOX 296

City Provo, State UT, Zip Code 84603-0296

Purpose of Disbursement: Contribution to Committee

Candidate Name

Curtis, John, , Rep.,

Office Sought: House (checked), State: UT, District: 03

Disbursement For: 2024, General (checked)

Category/Type

Date of Disbursement

Date field: 07 / 08 / 2024

FEC Identification Number

C00647339

Transaction ID : B9F6DEEF36

Amount of Each Disbursement this Period

Amount field: 2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KUSTER FOR CONGRESS, INC.

Mailing Address P.O. BOX 1498

City Concord, State NH, Zip Code 03302-1498

Purpose of Disbursement: Contribution to Committee

Candidate Name

Kuster, Ann, McLane, Rep.,

Office Sought: House (checked), State: NH, District: 02

Disbursement For: 2024, General (checked)

Category/Type

Date of Disbursement

Date field: 07 / 08 / 2024

FEC Identification Number

C00462861

Transaction ID : BCDA704403I

Amount of Each Disbursement this Period

Amount field: 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Mark Pocan For Congress

Mailing Address PO BOX 327

City Madison, State WI, Zip Code 53701-0327

Purpose of Disbursement: Contribution to Committee

Candidate Name

Pocan, Mark, , Rep.,

Office Sought: House (checked), State: WI, District: 02

Disbursement For: 2024, Primary (checked)

Category/Type

Date of Disbursement

Date field: 07 / 08 / 2024

FEC Identification Number

C00502179

Transaction ID : B402A2550A

Amount of Each Disbursement this Period

Amount field: 1500.00

Memo Item

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

Amount field: 4500.00

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

Amount field: 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)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Moore For Congress

Mailing Address PO Box 16646

City Milwaukee State WI Zip Code 53216

Purpose of Disbursement Contribution to Committee

Candidate Name

Moore, Gwen, , Rep.,

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

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

State: WI District: 04

Date of Disbursement

Date field: MM/DD/YYYY = 07/08/2024

FEC Identification Number

C C00397505

Transaction ID : B5DA368F55

Amount of Each Disbursement this Period

Amount field: 2000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. M-PAC

Mailing Address 401 2ND AVENUE SOUTH SUITE 303

City Seattle State WA Zip Code 98104-2862

Purpose of Disbursement Contribution to Committee

Candidate Name

M-PAC

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

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

State: District:

Date of Disbursement

Date field: MM/DD/YYYY = 07/08/2024

FEC Identification Number

C C00365270

Transaction ID : B227AB9C29

Amount of Each Disbursement this Period

Amount field: 3000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. Pascrell for Congress, Inc.

Mailing Address PO Box 100

City Teaneck State NJ Zip Code 07666-0100

Purpose of Disbursement Contribution to Committee

Candidate Name

Pascrell, Bill, , Rep., Jr.

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

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

State: NJ District: 09

Date of Disbursement

Date field: MM/DD/YYYY = 07/08/2024

FEC Identification Number

C C00313510

Transaction ID : BAE58A9444

Amount of Each Disbursement this Period

Amount field: 1000.00

[] Memo Item

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

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

Subtotal amount field: 6000.00

Total amount field: 6000.00

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. PAT RYAN FOR CONGRESS

Mailing Address PO BOX 2113

City
KINGSTON

State
NY

Zip Code
12402

Purpose of Disbursement
Contribution to Committee

Candidate Name

Ryan, Patrick, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: NY District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	2	4

FEC Identification Number

C C00815290

Transaction ID : BFC788510A

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. REJOICE PAC

Mailing Address 824 S Milledge Ave
Ste 101

City
Athens

State
GA

Zip Code
30606

Purpose of Disbursement
Contribution to Committee

Candidate Name

REJOICE PAC

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	2	4

FEC Identification Number

C C00691501

Transaction ID : B8924A92F2E

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ROSEN FOR NEVADA

Mailing Address PO BOX 46110

City
Las Vegas

State
NV

Zip Code
89114-6110

Purpose of Disbursement
Contribution to Committee

Candidate Name

Rosen, Jacky, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: NV District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	2	4

FEC Identification Number

C C00606939

Transaction ID : B5B8C8A957

Amount of Each Disbursement this Period

2000.00

Memo Item

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

8000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. SCANLON FOR CONGRESS

Mailing Address PO BOX 263

City SWARTHMORE State PA Zip Code 19081

Purpose of Disbursement Contribution to Committee

Candidate Name Scanlon, Mary, Gay, Rep.,

Office Sought: [X] House [] Senate [] President State: PA District: 05

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

Category/Type

Date of Disbursement

Date of Disbursement: 07 / 08 / 2024

FEC Identification Number

C00669358

Transaction ID : BD0F61251A

Amount of Each Disbursement this Period

1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. Stephen Lynch For Congress

Mailing Address 169 W 8TH ST

City South Boston State MA Zip Code 02127-2806

Purpose of Disbursement Contribution to Committee

Candidate Name Lynch, Stephen, , Rep.,

Office Sought: [X] House [] Senate [] President State: MA District: 08

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

Category/Type

Date of Disbursement

Date of Disbursement: 07 / 08 / 2024

FEC Identification Number

C00366948

Transaction ID : B610E792472

Amount of Each Disbursement this Period

1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. THE BILL KEATING COMMITTEE

Mailing Address 31 HAYWARD STREET 2F

City Franklin State MA Zip Code 02038-2169

Purpose of Disbursement Contribution to Committee

Candidate Name Keating, Bill, , Rep.,

Office Sought: [X] House [] Senate [] President State: MA District: 09

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

Category/Type

Date of Disbursement

Date of Disbursement: 07 / 08 / 2024

FEC Identification Number

C00479063

Transaction ID : B3B13D3A0E

Amount of Each Disbursement this Period

1000.00

[] Memo Item

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

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

3000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b with checkboxes.

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. VICENTE GONZALEZ FOR CONGRESS

Mailing Address PO BOX 6270

Date of Disbursement

Date of Disbursement form: MM / DD / YYYY (07 / 08 / 2024)

City McAllen

State TX

Zip Code 78502-6270

FEC Identification Number

FEC ID form: C C00592659

Transaction ID : B0A8672AD4

Amount of Each Disbursement this Period

Amount of Each Disbursement form: 1000.00

Memo Item

Purpose of Disbursement

Contribution to Committee

Category/Type form

Candidate Name

Gonzalez, Vicente, , Rep.,

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

Disbursement For: 2024

[] Primary [X] General [] Other (specify) v

State: TX District: 34

Full Name (Last, First, Middle Initial)

B. Whitehouse for Senate

Mailing Address PO Box 40280

Date of Disbursement

Date of Disbursement form: MM / DD / YYYY (07 / 08 / 2024)

City Providence

State RI

Zip Code 02940

FEC Identification Number

FEC ID form: C C00410803

Transaction ID : B62476CEF8I

Amount of Each Disbursement this Period

Amount of Each Disbursement form: 1000.00

Memo Item

Purpose of Disbursement

Contribution to Committee

Category/Type form

Candidate Name

Whitehouse, Sheldon, , Sen.,

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

Disbursement For: 2024

[X] Primary [] General [] Other (specify) v

State: RI District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

Date of Disbursement form: MM / DD / YYYY

City

State

Zip Code

FEC Identification Number

FEC ID form: C

Amount of Each Disbursement this Period

Amount of Each Disbursement form: (empty)

Memo Item

Purpose of Disbursement

Candidate Name

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

Disbursement For:

[] Primary [] General [] Other (specify) v

State: District:

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

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

Subtotal form: 2000.00

Total form: 40500.00