

# 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 [ 11 / 01 / 2023 ] through [ 11 / 30 / 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 [ 12 / 12 / 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**

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Page 2

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

|  | COLUMN A<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2023"/>  |  | <input type="text" value="216787.48"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="120286.82"/> |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="11898.84"/>  | <input type="text" value="241178.00"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="132185.66"/> | <input type="text" value="457965.48"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="40432.53"/>  | <input type="text" value="366212.35"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="91753.13"/>  | <input type="text" value="91753.13"/>  |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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](http://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<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 9408.84                       | 160292.38                         |
| (ii) Unitemized .....   | 2490.00                       | 69880.68                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 11898.84                      | 230173.06                         |
| (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) .....  | 11898.84                      | 230173.06                         |
| 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.).....   | 0.00                          | 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)).....▶                         | 11898.84                      | 241178.00                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 11898.84                      | 241178.00                         |

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 432.53                        | 12212.35                          |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 432.53                        | 12212.35                          |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 40000.00                      | 353000.00                         |
| 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)) ..      | 40432.53                      | 366212.35                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 40432.53                      | 366212.35                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 11898.84                              | 230173.06                                 |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 1000.00                                   |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 11898.84                              | 229173.06                                 |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 432.53                                | 12212.35                                  |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 5000.60                                   |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 432.53                                | 7211.75                                   |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

|   |                              |
|---|------------------------------|
| FOR LINE NUMBER:<br>(check only one)    | PAGE 6 OF 26                 |
| <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  |

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Cohen, Andrew, H., Dr.,**

Mailing Address **Mid-MI Foot & Ankle Center  
4224 State St.**

|                        |                    |                          |
|------------------------|--------------------|--------------------------|
| City<br><b>Saginaw</b> | State<br><b>MI</b> | Zip Code<br><b>48603</b> |
|------------------------|--------------------|--------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br><b>Mid-MI Foot &amp; Ankle Center</b> | Occupation (for Individual)<br><b>Podiatric Physician</b> |
|--|---|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**11 / 29 / 2023**

**Transaction ID : A2731976B8D4A4DCCA99**

Amount of Each Receipt this Period  
**300.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Connor, Michael, , Dr.,**

Mailing Address **27 Danbury Rd.**

|                       |                    |                               |
|-----------------------|--------------------|-------------------------------|
| City<br><b>Wilton</b> | State<br><b>CT</b> | Zip Code<br><b>06897-4405</b> |
|-----------------------|--------------------|-------------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br><b>Self-Employed</b> | Occupation (for Individual)<br><b>Podiatric Physician</b> |
|---|---|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**11 / 04 / 2023**

**Transaction ID : A087CE90BC1204F25A5C**

Amount of Each Receipt this Period  
**250.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Dabdoub, William, H., Dr.,**

Mailing Address **100 Aynshire Ct.**

|                        |                    |                               |
|------------------------|--------------------|-------------------------------|
| City<br><b>Slidell</b> | State<br><b>LA</b> | Zip Code<br><b>70461-5034</b> |
|------------------------|--------------------|-------------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br><b>Slidell Memorial Hospital</b> | Occupation (for Individual)<br><b>Podiatric Physician</b> |
|---|---|

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**850.00**

Date of Receipt  
**11 / 18 / 2023**

**Transaction ID : AB14F24C36D1E4E35AF7**

Amount of Each Receipt this Period  
**50.00**

Memo Item

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>600.00</b> |
| <b>TOTAL</b> 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 26 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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<br><b>A. de los Reyes, Odin, , Dr.,</b>         |             |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 04 / 2023<br><b>Transaction ID : A17BC3BBBEE0E411CBD</b> |  |  |
| Mailing Address 1 Pomperaug Office Park #105  |             |  | Amount of Each Receipt this Period<br>25.00   |  |  |
| City<br>Southbury   | State<br>CT | Zip Code<br>06488-2295                             | <input type="checkbox"/> Memo Item  |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  |   |  |  |
| Name of Employer (for Individual)<br>Self Employed  |             | Occupation (for Individual)<br>Podiatric Physician |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>1025.00                |   |  |  |

|   |             |  |  |  |  |
|---|-------------|--|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Dejesus, James, M., Dr.,</b>           |             |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 03 / 2023<br><b>Transaction ID : A4D676CCEB7B14B01921</b> |  |  |
| Mailing Address Family Footcare<br>1183 New Haven Rd.   |             |  | Amount of Each Receipt this Period<br>500.00   |  |  |
| City<br>Naugatuck   | State<br>CT | Zip Code<br>06770-5033                             | <input type="checkbox"/> Memo Item   |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  |  |  |  |
| Name of Employer (for Individual)<br>Family Footcare, PC  |             | Occupation (for Individual)<br>Podiatric Physician |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>500.00                 |  |  |  |

|   |             |  |  |  |  |
|---|-------------|--|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Delott, Jeffrey, M., Dr.,</b>        |             |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 04 / 2023<br><b>Transaction ID : AD0BD33A249DD4BA1A58</b> |  |  |
| Mailing Address CT Orthopaedic Specialists<br>2408 Whitney Ave.   |             |  | Amount of Each Receipt this Period<br>300.00   |  |  |
| City<br>Hamden  | State<br>CT | Zip Code<br>06518                                  | <input type="checkbox"/> Memo Item   |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  |  |  |  |
| Name of Employer (for Individual)<br>CT Orthopaedic Specialists   |             | Occupation (for Individual)<br>Podiatric Physician |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | Aggregate Year-to-Date ▼<br>300.00                 |  |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 825.00 |
| <b>TOTAL</b> 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:<br>(check only one)    | PAGE 8 OF 26                 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <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. Durocher, Richard, W., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 Washington Ave. #212  
 City North Haven State CT Zip Code 06473-2343  
 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 11 / 03 / 2023  
**Transaction ID : A29B7C8569C504690BFE**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Fein, Michael, Z., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 School St. #8  
 City Bethel State CT Zip Code 06801-1846  
 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 11 / 03 / 2023  
**Transaction ID : AAD630CC3964D46BA8F9**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Freedman, David, J., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3801 International Dr. #204  
 City Silver Spring State MD Zip Code 20906-1550  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 10 / 2023  
**Transaction ID : A192CDA1DA5434667B23**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1600.00  
**TOTAL** This Period (last page this line number only)..... ▶



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |  |              |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 9 OF 26 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Gambardella, Gabriel, V., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 Pawson Landing Dr.  
 City Branford State CT Zip Code 06405-5122  
 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 **11 / 04 / 2023**  
**Transaction ID : A2228292AE6AA4C84942**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Gerber, Robert, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 Austin St. Ste. E469  
 City Evanston State IL Zip Code 60202-3455  
 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 **11 / 08 / 2023**  
**Transaction ID : A81B211DFDF38483BA8D**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. 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 ▼ 480.00

Date of Receipt **11 / 30 / 2023**  
**Transaction ID : AD22DD9F8CE684555B0C**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 830.00 |
| <b>TOTAL</b> 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 26   |
| <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. 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 ▼ 3300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2023  
**Transaction ID : A1EAE04D5E0DB4509BB2**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Groberg, Darren, Fadel, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Salt Lake Podiatry Center  
 430 N. 400 W.  
 City Salt Lake City State UT Zip Code 84103  
 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 ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2023  
**Transaction ID : AFFEB519384F64517B8C**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**C. Guglielmo, Thomas, Gerard, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Orthoconnecticut  
 131 Kent Rd.  
 City New Milford State CT Zip Code 06776-3485  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Milford Podiatry 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  
 11 / 04 / 2023  
**Transaction ID : A17EEF4922F414AF9ACE**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 570.00 |
| <b>TOTAL</b> 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 26 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Joyce, Michael, T., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Roseville Podiatry Clinic  
 2680 Snelling Ave. N. #260  
 City Roseville State MN Zip Code 55113-1883  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Roseville Podiatry Clinic Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 10 / 2023  
**Transaction ID : A8493ABF4B7024B4E8BB**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Ladha, Zahid, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3544 Marquis Ct.  
 City Floyds Knobs State IN Zip Code 47119-9766  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt 11 / 03 / 2023  
**Transaction ID : AF21644567F1843D1A53**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Lazaroff, Stephen, Francis, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Performance Foot & Ankle Specialis  
 714 Chase Pkwy.  
 City Waterbury State CT Zip Code 06708-3012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Waterbury Hospital Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 03 / 2023  
**Transaction ID : A45DA177A1C934DDFBEO**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 850.00 |
| <b>TOTAL</b> 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 26 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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<br><b>A. Lederman, Marc, A., Dr.,</b>           |             |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 04 / 2023<br><b>Transaction ID : A8321B862659F4C52A41</b> |  |  |
| Mailing Address W. Hartford Podiatry Associates<br>2531 Albany Ave.   |             |  | Amount of Each Receipt this Period<br>300.00   |  |  |
| City<br>West Hartford   | State<br>CT | Zip Code<br>06117-2308                             | <input type="checkbox"/> Memo Item   |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  | Aggregate Year-to-Date ▼<br>300.00   |  |  |
| Name of Employer (for Individual)<br>W. Hartford Podiatry Associates  |             | Occupation (for Individual)<br>Podiatric Physician |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |  |  |  |  |

|   |             |  |  |  |  |
|---|-------------|--|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Long, Logan, Emoree, ,</b>             |             |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 20 / 2023<br><b>Transaction ID : A3770EF7E36274278BB2</b> |  |  |
| Mailing Address 111 N 9th St  |             |  | Amount of Each Receipt this Period<br>1000.00  |  |  |
| City<br>Philadelphia  | State<br>PA | Zip Code<br>19107-2460                           | <input type="checkbox"/> Memo Item   |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  | Aggregate Year-to-Date ▼<br>1000.00  |  |  |
| Name of Employer (for Individual)<br>Information Requested  |             | Occupation (for Individual)<br>Podiatric Student |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |  |  |  |  |

|   |             |  |  |  |  |
|---|-------------|--|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. McCann, William, N., Dr.,</b>        |             |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 06 / 2023<br><b>Transaction ID : ABFC367C68DB0405C835</b> |  |  |
| Mailing Address Affiliates in Podiatry, PC<br>248 Pleasant St.#203 Pillsbury Med  |             |  | Amount of Each Receipt this Period<br>50.00  |  |  |
| City<br>Concord   | State<br>NH | Zip Code<br>03301-2588                             | <input type="checkbox"/> Memo Item   |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  | Aggregate Year-to-Date ▼<br>500.00   |  |  |
| Name of Employer (for Individual)<br>Pillsbury Medical Bldg.  |             | Occupation (for Individual)<br>Podiatric Physician |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             |  |  |  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1350.00 |
| <b>TOTAL</b> 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 26   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

**A. 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 ▼ 935.00

Date of Receipt 11 / 13 / 2023  
**Transaction ID : A649D86D91CFC4C5E84B**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Neville, Scott, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1222 E Jessup Way  
 City Mooresville State IN Zip Code 46158-6011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Foot & Ankle Center Mooresville Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 08 / 2023  
**Transaction ID : AE81B3E6C8CD94256B08**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Pantiel, Derek, T., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Summit Podiatry 1602 Doctor's Cir.  
 City Wilmington State NC Zip Code 28401-7406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Instride Summit Podiatry Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 11 / 18 / 2023  
**Transaction ID : A403D0DC5752A4FFBBC5**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 255.00 |
| <b>TOTAL</b> 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 26   |
| <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. Parks, Jesse, P., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 32 Cherry St.  
City Milford State CT Zip Code 06460-3429  
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 **11 / 03 / 2023**  
**Transaction ID : AF581D5CBA73343D4859**  
Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Patel, Devang, C., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 488 Main Ave.  
City Norwalk State CT Zip Code 06851-1008  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **11 / 02 / 2023**  
**Transaction ID : AAA12509E312C4E5B9AF**  
Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Patel, Sanjay, V., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address Family Foot Care & Surgery, LLC  
309 Seaside Ave. #202  
City Milford State CT Zip Code 06460-6301  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) Family Foot Care & Surgery, LLC Occupation (for Individual) Podiatric Physician  
Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **11 / 03 / 2023**  
**Transaction ID : AA9402193CBF14837810**  
Amount of Each Receipt this Period 1000.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2300.00 |
| <b>TOTAL</b> 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 15 OF 26 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Preece, Daniel, L., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Salt Lake Podiatry Center  
430 N. 400 W.

City Salt Lake City      State UT      Zip Code 84103-1229

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 ▼ **220.00**

Date of Receipt **11 / 21 / 2023**

**Transaction ID : AAD10591038264C3B8D5**

Amount of Each Receipt this Period **20.00**

Memo Item

**B. Rosen, Robert, Glenn, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Brevard Podiatry  
850 Garden St.

City Titusville      State FL      Zip Code 32796-3411

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

Name of Employer (for Individual) Brevard Podiatry Group      Occupation (for Individual) Podiatric Physician

Receipt For:  Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **11 / 02 / 2023**

**Transaction ID : AEC994542D98A474B997**

Amount of Each Receipt this Period **25.00**

Memo Item

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

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

City West Lake Hills      State TX      Zip Code 78746-5254

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

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

Receipt For:  Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt **11 / 04 / 2023**

**Transaction ID : ACACD67BD5E644E19AF5**

Amount of Each Receipt this Period **100.00**

Memo Item

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>145.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 16 OF 26 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

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

Mailing Address 9312 Old Georgetown Rd

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Bethesda | State<br>MD | Zip Code<br>20814-1621 |
|------------------|-------------|------------------------|

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
838.40

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  | / | 11  | / | 2023    |

**Transaction ID : A68698A56946D486FAC6**

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

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 83.84   |
| <b>TOTAL</b> This Period (last page this line number only)..... | 9408.84 |



**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 |
| 1 | 1 |   | 0 | 9 |   | 2 | 0 | 2 | 3 |

Mailing Address P.O. Box 30285

|                        |             |                        |
|------------------------|-------------|------------------------|
| City<br>Salt Lake City | State<br>UT | Zip Code<br>84130-0285 |
|------------------------|-------------|------------------------|

FEC Identification Number

C [ ]

**Transaction ID : BA1354FC26**  
Amount of Each Disbursement this Period

[ ] 53.85

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 |
| 1 | 1 |   | 2 | 1 |   | 2 | 0 | 2 | 3 |

Mailing Address 17801 Georgia Ave

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>Olney | State<br>MD | Zip Code<br>20832-2233 |
|---------------|-------------|------------------------|

FEC Identification Number

C [ ]

**Transaction ID : B897127CB1f**  
Amount of Each Disbursement this Period

[ ] 94.96

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 |
| 1 | 1 |   | 3 | 0 |   | 2 | 0 | 2 | 3 |

Mailing Address 1455 Market Street, Suite 600

|                       |             |                        |
|-----------------------|-------------|------------------------|
| City<br>San Francisco | State<br>CA | Zip Code<br>94103-1332 |
|-----------------------|-------------|------------------------|

FEC Identification Number

C [ ]

**Transaction ID : B70171CFEE**  
Amount of Each Disbursement this Period

[ ] 257.72

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)..... ▶

[ ] 406.53

**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 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 |
| 1 | 1 |   | 0 | 6 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

C [ ]

**Transaction ID : BC62190903f**

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

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

Memo Item

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

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

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

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 4 | 3 | 2 | . | 5 | 3 |
|---|---|---|---|---|---|

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Adrian Smith For Congress**

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 11 |   |   | 28 |   |   | 2023 |   |   |   |

Mailing Address 1126 AVENUE A  
Suite 6

City  
Scottsbluff

State  
NE

Zip Code  
69361-3563

FEC Identification Number

**C** C00412890

**Transaction ID : B264E3DF98:**

Amount of Each Disbursement this Period

2500.00

Memo Item

Purpose of Disbursement

Contribution to Committee

Category/Type

Candidate Name

Smith, Adrian, , Rep.,

Office Sought:

House  
 Senate  
 President

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

State: NE

District: 03

Full Name (Last, First, Middle Initial)

**B. ANGIE CRAIG FOR CONGRESS**

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 11 |   |   | 01 |   |   | 2023 |   |   |   |

Mailing Address P.O. BOX 22116

City  
EAGAN

State  
MN

Zip Code  
55122

FEC Identification Number

**C** C00575209

**Transaction ID : B83824E8593**

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

Contribution to Committee

Category/Type

Candidate Name

Craig, Angie, , Rep.,

Office Sought:

House  
 Senate  
 President

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

State: MN

District: 02

Full Name (Last, First, Middle Initial)

**C. BALDERSON FOR CONGRESS**

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 11 |   |   | 22 |   |   | 2023 |   |   |   |

Mailing Address 4679 WINTERSET DR

City  
Columbus

State  
OH

Zip Code  
43220-8113

FEC Identification Number

**C** C00662650

**Transaction ID : B8D00590C6**

Amount of Each Disbursement this Period

1500.00

Memo Item

Purpose of Disbursement

Contribution to Committee

Category/Type

Candidate Name

Balderson, Troy, , Rep.,

Office Sought:

House  
 Senate  
 President

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

State: OH

District: 12

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

5000.00

**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. Big Sky Opportunity PAC

Date of Disbursement

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

Mailing Address 228 S. Washington St.  
Ste. 115

City Alexandria State VA Zip Code 22314-5404

FEC Identification Number

**C** C00542027

**Transaction ID : BECA29E3B:**

Amount of Each Disbursement this Period

1500.00

Memo Item

Purpose of Disbursement  
Contribution to Committee

Candidate Name

Big Sky Opportunity PAC

Office Sought:  House  
 Senate  
 President

Disbursement For: 2023  
 Primary  General  
 Other (specify)  Other

State: District:

Full Name (Last, First, Middle Initial)

### B. Bilirakis For Congress

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 1 |   | 2 | 0 | 2 | 3 |

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688-0606

FEC Identification Number

**C** C00408534

**Transaction ID : BC6EC34BBF**

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement  
Contribution to Committee

Candidate Name

Bilirakis, Gus, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify)

State: FL District: 12

Full Name (Last, First, Middle Initial)

### C. DR. RAUL RUIZ FOR CONGRESS

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 1 | 3 |   | 2 | 0 | 2 | 3 |

Mailing Address P.O. BOX 1920

City Perris State CA Zip Code 92572-1920

FEC Identification Number

**C** C00502575

**Transaction ID : B553D30358:**

Amount of Each Disbursement this Period

2000.00

Memo Item

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

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

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

4500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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. FRIENDS OF NEAL DUNN

Mailing Address PO BOX 10037

City Tallahassee State FL Zip Code 32302-2037

Purpose of Disbursement Contribution to Committee

Candidate Name

Dunn, Neal, , Rep.,

Office Sought: [X] House [ ] Senate [ ] President State: FL District: 02

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

Category/Type

Date of Disbursement

Date of Disbursement: 11 / 13 / 2023

FEC Identification Number

C00582304

Transaction ID : BC981C5AB9

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 2500.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

B. Garamendi For Congress

Mailing Address PO BOX 2978

City Fairfield State CA Zip Code 94533-0978

Purpose of Disbursement Contribution to Committee

Candidate Name

Garamendi, John, , Rep.,

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

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

Category/Type

Date of Disbursement

Date of Disbursement: 11 / 13 / 2023

FEC Identification Number

C00462697

Transaction ID : B6776FB772F

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 1500.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

C. GOSAR FOR CONGRESS

Mailing Address 3104 EAST CAMELBACK ROAD STE 2889

City Phoenix State AZ Zip Code 85016-4502

Purpose of Disbursement Contribution to Committee

Candidate Name

Gosar, Paul, , Rep.,

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

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

Category/Type

Date of Disbursement

Date of Disbursement: 11 / 01 / 2023

FEC Identification Number

C00461806

Transaction ID : BE89A3055E

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 1500.00

[ ] Memo Item

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

SUBTOTAL of Disbursements This Page (optional): 5500.00

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

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. Hawkeye PAC**

Mailing Address PO BOX 183

City  
Hudson

State  
WI

Zip Code  
54016-0183

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
Hawkeye PAC

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2023

Primary  General  
 Other (specify) **Other**

Category/  
Type

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 11 |   |   | 28 |   |   | 2023 |   |   |   |

FEC Identification Number

**C** C00379479

**Transaction ID : B237D2C0A3**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. HIMES FOR CONGRESS**

Mailing Address 857 POST ROAD, #312

City  
FAIRFIELD

State  
CT

Zip Code  
06824

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
Himes, Jim, , Rep.,

Office Sought:  House  
 Senate  
 President

State: CT District: 04

Disbursement For: 2024

Primary  General  
 Other (specify) **Convention**

Category/  
Type

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 11 |   |   | 28 |   |   | 2023 |   |   |   |

FEC Identification Number

**C** C00434191

**Transaction ID : B38E8FAC5E**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. HOOPS PAC**

Mailing Address PO BOX 3314

City  
PORTLAND

State  
OR

Zip Code  
97208

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
HOOPS PAC

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2023

Primary  General  
 Other (specify) **Other**

Category/  
Type

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 11 |   |   | 01 |   |   | 2023 |   |   |   |

FEC Identification Number

**C** C00392738

**Transaction ID : B7F1091B41**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

8500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. 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:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼  
State: CA District: 23

Date of Disbursement

MM / DD / YYYY  
11 / 22 / 2023

FEC Identification Number

C C00720078

Transaction ID : B27EF54D78

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. KATHERINE CLARK FOR CONGRESS**

Mailing Address 600 PENNSYLVANIA AVE SE #15180

City Washington State DC Zip Code 20003-7508

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
Clark, Katherine, , Rep.,

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼  
State: MA District: 05

Date of Disbursement

MM / DD / YYYY  
11 / 22 / 2023

FEC Identification Number

C C00541888

Transaction ID : B3C25ECC50

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Ken Calvert For Congress Commi**

Mailing Address PO BOX 2438

City Corona State CA Zip Code 92878-2438

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
Calvert, Ken, , Rep.,

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼  
State: CA District: 41

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2023

FEC Identification Number

C C00257337

Transaction ID : B18308AE5E

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)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <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. LOIS FRANKEL FOR CONGRESS**

Mailing Address PO BOX 480503

City  
Delray Beach

State  
FL

Zip Code  
33448-0503

Purpose of Disbursement

Contribution to Committee

Candidate Name

Frankel, Lois, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: FL District: 22

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 1 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

**C** C00494856

**Transaction ID : B0C9CC7875**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Memo Item

Full Name (Last, First, Middle Initial)

**B. LOIS FRANKEL FOR CONGRESS**

Mailing Address PO BOX 480503

City  
Delray Beach

State  
FL

Zip Code  
33448-0503

Purpose of Disbursement

Contribution to Committee

Candidate Name

Frankel, Lois, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify)

State: FL District: 22

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

**C** C00494856

**Transaction ID : BABBA3D72F**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Memo Item

Full Name (Last, First, Middle Initial)

**C. Michael Burgess For Congress**

Mailing Address PO Box 2334

City  
Denton

State  
TX

Zip Code  
76202-2334

Purpose of Disbursement

Contribution to Committee

Candidate Name

Burgess, Michael, C., Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 1 | 3 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

**C** C00372532

**Transaction ID : BBDC9318E1**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Memo Item

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

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|



SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-28c 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. MOOLENAAR FOR CONGRESS

Mailing Address 5915 EASTMAN AVENUE SUITE 100

Date of Disbursement

Date of Disbursement: 11 / 13 / 2023

City MIDLAND

State MI

Zip Code 48640-6824

FEC Identification Number

C00561530

Transaction ID : B5878037F4F

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement Contribution to Committee

Candidate Name

Moolenaar, John, , Rep.,

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

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

State: MI District: 02

Full Name (Last, First, Middle Initial)

B. Moore For Congress

Mailing Address PO Box 16646

Date of Disbursement

Date of Disbursement: 11 / 01 / 2023

City Milwaukee

State WI

Zip Code 53216

FEC Identification Number

C00397505

Transaction ID : B5D7439B1A1

Amount of Each Disbursement this Period

1000.00

Memo Item

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) ▼

State: WI District: 04

Full Name (Last, First, Middle Initial)

C. M-PAC

Mailing Address 401 2ND AVENUE SOUTH SUITE 303

Date of Disbursement

Date of Disbursement: 11 / 28 / 2023

City Seattle

State WA

Zip Code 98104-2862

FEC Identification Number

C00365270

Transaction ID : BF7BA67AE:

Amount of Each Disbursement this Period

3000.00

Memo Item

Purpose of Disbursement Contribution to Committee

Candidate Name

M-PAC

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

Disbursement For: 2023 [ ] Primary [ ] General [X] Other (specify) ▼ Other

State: District:

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

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

5000.00

# 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 |

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

NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. OORAH! POLITICAL ACTION COMMIT

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 2 |   | 2 | 0 | 2 | 3 |

Mailing Address PO BOX 3743

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>CARMEL | State<br>IN | Zip Code<br>46082 |
|----------------|-------------|-------------------|

FEC Identification Number

C C00551853

**Transaction ID : B435699CA9**

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement  
Contribution to Committee

Category/Type

Candidate Name  
OORAH! POLITICAL ACTION COMMIT

Office Sought:  House  
 Senate  
 President

Disbursement For: 2023  
 Primary  General  
 Other (specify) **Other**

Memo Item

Full Name (Last, First, Middle Initial)

### B. PETE AGUILAR FOR CONGRESS

Date of Disbursement

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

Mailing Address PO BOX 10954

|                        |             |                   |
|------------------------|-------------|-------------------|
| City<br>SAN BERNARDINO | State<br>CA | Zip Code<br>92423 |
|------------------------|-------------|-------------------|

FEC Identification Number

C C00510461

**Transaction ID : B032BBF489**

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement  
Contribution to Committee

Category/Type

Candidate Name  
Aguilar, Pete, , Rep.,

Office Sought:  House  
 Senate  
 President

State: CA District: 33

Disbursement For: 2024  
 Primary  General  
 Other (specify)

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Date of Disbursement

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

Mailing Address

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) **Other**

Memo Item

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

5000.00

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

40000.00