

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period / / 2024 through / / 2024

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

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: / / 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=""/>	<input type="text" value="101135.56"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="107215.56"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="26313.86"/>	<input type="text" value="54812.70"/>
(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="133529.42"/>	<input type="text" value="155948.26"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="71183.23"/>	<input type="text" value="93602.07"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="62346.19"/>	<input type="text" value="62346.19"/>
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: M M / D D / Y Y Y Y 02 / 01 / 2024 To: M M / D D / Y Y Y Y 02 / 29 / 2024

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).....	20345.02	41095.02
(ii) Unitemized	5968.84	12717.68
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	26313.86	53812.70
(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)	26313.86	53812.70
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	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	26313.86	54812.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	26313.86	54812.70

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	833.23	1752.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	833.23	1752.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	70000.00	91500.00
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	350.00	350.00
(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)).....	350.00	350.00
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)) ..	71183.23	93602.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	71183.23	93602.07

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	26313.86	53812.70
34. Total Contribution Refunds (from Line 28(d))	350.00	350.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25963.86	53462.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	833.23	1752.07
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	833.23	1752.07

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 6 OF 27
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

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

A. Aelony, Jared, Sundvisson, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18225 Sunshine Dr.
 City Detroit Lakes State MN Zip Code 56501-7947
 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 **02 / 02 / 2024**
Transaction ID : A1AFE9F75606A43D1BE2
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Bennett, William, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Bennett Family Foot Care 13935 Plumbrook Rd.
 City Sterling Heights State MI Zip Code 48312-1727
 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 **02 / 24 / 2024**
Transaction ID : AFC5FFB1CCF1F4B1BA99
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Bernstein, David, Alan, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 308 N. Wayne Ave.
 City Wayne State PA Zip Code 19087-3200
 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 **02 / 01 / 2024**
Transaction ID : A12BA973753774744B23
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1550.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 27
<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. Borovoy, Marc, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Associated Podiatrists
 26750 Providence Pkwy. #130
 City Novi State MI Zip Code 48374-1211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Associated Podiatrists Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 24 / 2024**
Transaction ID : A71B1C55C73084AB2A9F
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Brown, Beil, Cory, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 2215
 City Albany State TX Zip Code 76430-8009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Abilene Diagnostic Clinic Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **02 / 29 / 2024**
Transaction ID : AE3732F65FB19410A908
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Byrd, Daniel, F., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Blue Mountain Foot Specialists
 714 S.W. Dorion Ave.
 City Pendleton State OR Zip Code 97801-9312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Mountain Foot Specialists, PC Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **02 / 10 / 2024**
Transaction ID : AA72CF6548FA341E7A0C
 Amount of Each Receipt this Period 300.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Cline, Todd, W., Dr.,		Date of Receipt
Mailing Address Kernodle Clinic 1234 Huffman Mill Rd.		MM / DD / YYYY 02 / 09 / 2024
City Burlington	State NC	Zip Code 27215-8700
FEC ID number of contributing federal political committee. C		Transaction ID : A7380542EC0F445C8A48
Name of Employer (for Individual) Kernodle Clinic		Amount of Each Receipt this Period
Occupation (for Individual) Podiatric Physician		500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
500.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cornelison, Michael, Joseph, Dr., DPM		Date of Receipt
Mailing Address Foot and Ankle Assoc. 10353 Torre Ave. #C		MM / DD / YYYY 02 / 01 / 2024
City Cupertino	State CA	Zip Code 95014-3217
FEC ID number of contributing federal political committee. C		Transaction ID : ADBA7F483C8394725A7C
Name of Employer (for Individual) Foot and Ankle Associates		Amount of Each Receipt this Period
Occupation (for Individual) Podiatric Physician		1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
1000.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Cornelison, Michael, Joseph, Dr., DPM		Date of Receipt
Mailing Address Foot and Ankle Assoc. 10353 Torre Ave. #C		MM / DD / YYYY 02 / 03 / 2024
City Cupertino	State CA	Zip Code 95014-3217
FEC ID number of contributing federal political committee. C		Transaction ID : A46C79E34DE804C40931
Name of Employer (for Individual) Foot and Ankle Associates		Amount of Each Receipt this Period
Occupation (for Individual) Podiatric Physician		20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
1020.00		

SUBTOTAL of Receipts This Page (optional).....	1520.00
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 27
<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. Courtney, Stuart, Alan, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1250 E. Hallandale Beach Blvd. #10
 City Hallandale Beach State FL Zip Code 33009-4636
 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 **02 / 29 / 2024**
Transaction ID : A1CA45E0856F74A85AAA
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Dalling, Derek, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 629 W. Hillsdale St.
 City Lansing State MI Zip Code 48933-2216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Michigan Podiatric Medical Assn. Occupation (for Individual) Executive Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 25 / 2024**
Transaction ID : A5F540DB00B9941C4BB5
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Davis, R., Daniel, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2409 Main St.
 City Bridgeport State CT Zip Code 06606-5324
 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 **02 / 01 / 2024**
Transaction ID : A2AF68CE6629C4F219E1
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 27
<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. Friend, Gary, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2936 Canterbury Dr.
 City Northbrook State IL Zip Code 60062-6904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N. Shore Podiatry Group 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
 02 / 12 / 2024
Transaction ID : A1741D6515C9B4AE4934
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Garoufalos, Matthew, G., Dr., DPM
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1933 Hansom Ct.
 City Naperville State IL Zip Code 60565-2629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PFCS, PC Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 22 / 2024
Transaction ID : AC56D5488CDE44BD7B0A
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Green, Tyson, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Center for Orthopaedics
 1747 Imperial Blvd.
 City Lake Charles State LA Zip Code 70605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Center for Orthopaedics Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2024
Transaction ID : A3BD944CCDA8A410088E
 Amount of Each Receipt this Period
 300.00
 Memo Item

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 27
<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. Jaakola, Eric, David, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Foot and Ankle Center of the Rocki**
4600 Hale Pkwy. #440

City **Denver** State **CO** Zip Code **80220**

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 **02 / 29 / 2024**

Transaction ID : AE046D1EA83414191B51

Amount of Each Receipt this Period **300.00**

Memo Item

B. Jacob, Bruce, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **4319 Foxpointe Dr.**

City **West Bloomfield** State **MI** Zip Code **48323-2615**

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 **02 / 25 / 2024**

Transaction ID : AF9FFDA8224914558AE9

Amount of Each Receipt this Period **500.00**

Memo Item

C. Kaplan, Randy, K., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **29355 Northwestern Hwy. #110**

City **Southfield** State **MI** Zip Code **48034-1065**

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 **02 / 23 / 2024**

Transaction ID : A07C84D9F35374B8A84C

Amount of Each Receipt this Period **1000.00**

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 27
	<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. Kaplan, Randy, K., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29355 Northwestern Hwy. #110
 City Southfield State MI Zip Code 48034-1065
 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 ▼ 1025.00

Date of Receipt 02 / 24 / 2024
Transaction ID : A5911EBF883414153ACD
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Kerbleski, Gerard, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Sandia Foot And Ankle Of Albuquerque 8300 Carmel Ave NE Ste C
 City Albuquerque State NM Zip Code 87122-3147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Foot and Ankle Associates of NM Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 02 / 2024
Transaction ID : AEE15DF35FE5745899C9
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Ladha, Zahid, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3544 Marquis Ct.
 City Floyds Knobs State IN Zip Code 47119-9766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 03 / 2024
Transaction ID : AAD4CB8640C4E45B09A4
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	625.00
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 27
	<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. Le, Denny, Van, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Northwest Extremity Specialists
 12400 N.W. Cornell Rd. #201
 City Portland State OR Zip Code 97229-5689
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwest Extremity Specialists 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
 02 / 10 / 2024
Transaction ID : A341FC65C91C74BFDA60
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Marshall, Terrol, Duane, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Blue Mountain Foot Specialists
 714 S.W. Dorion Ave.
 City Pendleton State OR Zip Code 97801-2086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2024
Transaction ID : AAF95F31F6F854143957
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Massey, Kurt, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 177 Quail Ridge Dr.
 City Mooresville State NC Zip Code 28117-8775
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Piedmont Healthcare 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
 02 / 10 / 2024
Transaction ID : A013267CD906E4E1D914
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 27
<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Mastay, Andrew, R., Dr.,

Mailing Address 950 Hawthorne Rd.

City Grosse Pointe Woods	State MI	Zip Code 48236-1442
-----------------------------	-------------	------------------------

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
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2024

Transaction ID : A7B3C3BBB2B06418E990

Amount of Each Receipt this Period
500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. McGuire, Heather, Renee, Dr.,

Mailing Address Pacific Foot & Ankle Care
3114 Telegraph Rd.#B

City Ventura	State CA	Zip Code 93003-3227
-----------------	-------------	------------------------

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
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2024

Transaction ID : A5EFABF50800A42419B0

Amount of Each Receipt this Period
500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Nassif, Eugene, L., Dr., Jr.

Mailing Address 1215 Blairs Ferry Rd.

City Marion	State IA	Zip Code 52302-3016
----------------	-------------	------------------------

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

Name of Employer (for Individual) Foot and Ankle Specialists of Iowa	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
 02 / 25 / 2024

Transaction ID : A9DC4DAED1FA1495A906

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1300.00
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 15 OF 27
	<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. Osterman, Howard, G., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1775 K St. N.W. #580
 City Washington State DC Zip Code 20006-1529
 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 **02 / 29 / 2024**
Transaction ID : A50FE2BF5340444119DF
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Parks, Stephanie, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Bosque Foot and Ankle 500 Walter St. N.E. #510A
 City Albuquerque State NM Zip Code 87102-2567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bosque Foot and Ankle Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 17 / 2024**
Transaction ID : A857A37F4B34D4B7E831
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Rottier, Francis, John, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2160 S. 1st Ave.
 City Maywood State IL Zip Code 60153-3328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Loyola University Health System Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00

Date of Receipt **02 / 29 / 2024**
Transaction ID : A2B6FDB39A8B342A28F3
 Amount of Each Receipt this Period 1250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 27
	<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. Safiedine, Ali, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7243 Chase Rd.
 City Dearborn State MI Zip Code 48126-1301
 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
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2024
Transaction ID : AA33A7F0D0DEC40179AF
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Scott, Robert, Tyson, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Coastline Foot & Ankle 800 Liberty St. S.E.
 City Salem State OR Zip Code 97302-4137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coastline Foot And Ankle Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2024
Transaction ID : A4E5E6C462B4842C6BFD
 Amount of Each Receipt this Period
 250.02
 Memo Item

C. Sengstock, Jodie, Noll, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49450 Hudson Dr.
 City Canton State MI Zip Code 48188-1979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2024
Transaction ID : A5D23D8DFA9F74C5491D
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1050.02
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 27
<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. Sengstock, Jodie, Noll, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49450 Hudson Dr.
 City Canton State MI Zip Code 48188-1979
 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 02 / 26 / 2024
Transaction ID : A190ECF0E60F94CC2AB9
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Spohn-Gross, Holly, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3369 Essex Junction Ct.
 City Thousand Oaks State CA Zip Code 91362-1135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Podiatric Medical Assn. Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 09 / 2024
Transaction ID : AB5A486560FE6469D97E
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Sundling, Rebecca, Ann, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2617 Lake Michigan Dr NW
 City Grand Rapids State MI Zip Code 49504-5870
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Foot and Ankle Specialists of West Mic Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 24 / 2024
Transaction ID : A9F666D2D62CF4D82A83
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 27
	<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. Surratt, Jason, Ray, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N.W. Extreimity Specialists
 9115 S.W. Olsen Rd. #205
 City Portland State OR Zip Code 97223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Westside Podiatry Clinic Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2024
Transaction ID : A087EF799CC4F44D4A85
 Amount of Each Receipt this Period
 400.00
 Memo Item

B. Thomas, Daniel, Emanuel Augustus, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12745 S Saginaw St
 Ste 806
 City Grand Blanc State MI Zip Code 48439-2438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2024
Transaction ID : A2773887E7D724EF49FA
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Wilde, Corin, Q., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Wilde Foot & Ankle Clinic
 407 E. Centennial Dr.
 City Pittsburg State KS Zip Code 66762-6505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wilde Foot & Ankle Clinic 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
 02 / 28 / 2024
Transaction ID : AE5A1FDD3B06A4DAFA6C
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1700.00
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 19 OF 27
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wurster, Lauren, Ashley, Dr.,

Mailing Address 2045 E Cherry Hills Place

City Chandler	State AZ	Zip Code 85249-4144
------------------	-------------	------------------------

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

Name of Employer (for Individual) EVERNORTH Care Group	Occupation (for Individual) Podiatric Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2024

Transaction ID : AC02B2931356B4DEA891

Amount of Each Receipt this Period
350.00

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)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	20345.02

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)

Mailing Address P.O. Box 30285

City
Salt Lake City

State
UT

Zip Code
84130-0285

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 M	/	D D D	/	Y Y Y Y Y
02		09		2024

FEC Identification Number

C []

Transaction ID : B3068F8584#

Amount of Each Disbursement this Period

[] 71.17

Memo Item

Full Name (Last, First, Middle Initial)

B. Square

Mailing Address 1455 Market Street, Suite 600

City
San Francisco

State
CA

Zip Code
94103-1332

Purpose of Disbursement

Bank Fees (credit card processing fees)

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		29		2024

FEC Identification Number

C []

Transaction ID : BB651B7C4B

Amount of Each Disbursement this Period

[] 559.01

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 M	/	D D D	/	Y Y Y Y Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

[] 630.18

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

[] 630.18

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. BRETT PAC-THE LEADERSHIP PAC OF U.S. REPRESENTATIVE BRETT GUTHRIE

Date of Disbursement

Date selection grid showing 02 / 27 / 2024

Mailing Address PO BOX 22401

City Louisville State KY Zip Code 40252-0401

FEC Identification Number

FEC ID grid showing C00483487

Transaction ID : B00CE0F8BD

Amount of Each Disbursement this Period

Amount grid showing 5000.00

Memo Item checkbox

Purpose of Disbursement Contribution to Committee

Candidate Name BRETT PAC-THE LEADERSHIP PAC OF U.S. REPRESENTATIVE BRETT GUTHRIE

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

Full Name (Last, First, Middle Initial)

B. BUILDING AND RESTORING THE AMERICAN DREAM FUND

Date of Disbursement

Date selection grid showing 02 / 20 / 2024

Mailing Address PO BOX 30844

City Bethesda State MD Zip Code 20824-0844

FEC Identification Number

FEC ID grid showing C00590356

Transaction ID : B86F98CD93

Amount of Each Disbursement this Period

Amount grid showing 5000.00

Memo Item checkbox

Purpose of Disbursement Contribution to Committee

Candidate Name BUILDING AND RESTORING THE AMERICAN DREAM FUND

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

Full Name (Last, First, Middle Initial)

C. CMR PAC

Date of Disbursement

Date selection grid showing 02 / 27 / 2024

Mailing Address PO BOX 2485

City Springfield State VA Zip Code 22152

FEC Identification Number

FEC ID grid showing C00469429

Transaction ID : BE9FFCE007

Amount of Each Disbursement this Period

Amount grid showing 5000.00

Memo Item checkbox

Purpose of Disbursement Contribution to Committee

Candidate Name CMR PAC

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

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

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

Subtotal grid showing 15000.00

Total grid showing 15000.00

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, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Box 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. Common Values PAC

Mailing Address 901 N Washington St Suite 700

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution to Committee

Candidate Name

Common Values PAC

Office Sought: House, Senate, President

Disbursement For: 2024 Primary, General, Other (specify)

State: District:

Date of Disbursement

Date field: MM/DD/YYYY = 02/12/2024

FEC Identification Number

C00442368

Transaction ID : B48D71FB34

Amount of Each Disbursement this Period

Amount field: 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN BARRASSO

Mailing Address PO BOX 52008

City Casper State WY Zip Code 82605-2008

Purpose of Disbursement Contribution to Committee

Candidate Name

Barrasso, John, A., Sen.,

Office Sought: House, Senate, President

Disbursement For: 2024 Primary, General, Other (specify)

State: WY District:

Date of Disbursement

Date field: MM/DD/YYYY = 02/12/2024

FEC Identification Number

C00436386

Transaction ID : B14763C7A9C

Amount of Each Disbursement this Period

Amount field: 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF TODD YOUNG, INC.

Mailing Address PO BOX 3743

City Carmel State IN Zip Code 46082-3743

Purpose of Disbursement Contribution to Committee

Candidate Name

Young, Todd, C., Sen.,

Office Sought: House, Senate, President

Disbursement For: 2028 Primary, General, Other (specify)

State: IN District:

Date of Disbursement

Date field: MM/DD/YYYY = 02/27/2024

FEC Identification Number

C00459255

Transaction ID : BCA13031C

Amount of Each Disbursement this Period

Amount field: 2500.00

Memo Item

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

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

Amount field: 7500.00

Amount field: 7500.00

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. GUTHRIE FOR CONGRESS

Mailing Address PO BOX 22401

City Louisville State KY Zip Code 40252-0401

Purpose of Disbursement Contribution to Committee

Candidate Name

Guthrie, Brett, , Rep.,

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

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

Category/Type

Date of Disbursement

Date selection grid: MM/DD/YYYY = 02/27/2024

FEC Identification Number

C00445023

Transaction ID : B6B7CE3F18

Amount of Each Disbursement this Period

Amount field: 5000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. 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: 2024 [] Primary [] General [X] Other (specify) Other

Category/Type

Date of Disbursement

Date selection grid: MM/DD/YYYY = 02/27/2024

FEC Identification Number

C00392738

Transaction ID : B36A3E4990/

Amount of Each Disbursement this Period

Amount field: 5000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. I Got Your Back PAC

Mailing Address 122 C STREET NW SUITE 360

City Washington State DC Zip Code 20001-2149

Purpose of Disbursement Contribution to Committee

Candidate Name

I Got Your Back PAC

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

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

Category/Type

Date of Disbursement

Date selection grid: MM/DD/YYYY = 02/20/2024

FEC Identification Number

C00633156

Transaction ID : B59B64077A

Amount of Each Disbursement this Period

Amount field: 5000.00

[] Memo Item

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

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

Subtotal field: 15000.00

Total field: (empty)

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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. IMPACT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2024

Mailing Address 192 LEXINGTON AVE.
SUITE 1001

City New York State NY Zip Code 10016-6823

FEC Identification Number

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

Transaction ID : BB2F554D14

Amount of Each Disbursement this Period

5000.00

Memo Item

Purpose of Disbursement
Contribution to Committee

Category/ Type

Candidate Name
IMPACT

Office Sought: House Senate President
Disbursement For: 2024
 Primary General
 Other (specify) Other

Full Name (Last, First, Middle Initial)

B. Individuals Dedicated to Ethics and Science PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2024

Mailing Address PO Box 6911

City Denver State CO Zip Code 80206-0911

FEC Identification Number

C	C00380675
---	-----------

Transaction ID : B07D6C253E

Amount of Each Disbursement this Period

5000.00

Memo Item

Purpose of Disbursement
Contribution to Committee

Category/ Type

Candidate Name
Individuals Dedicated to Ethics and Science PAC

Office Sought: House Senate President
Disbursement For: 2024
 Primary General
 Other (specify) Other

Full Name (Last, First, Middle Initial)

C. Jobs Education & Families First PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2024

Mailing Address PO BOX 65322
#11714

City Washington State DC Zip Code 20035-5322

FEC Identification Number

C	C00617803
---	-----------

Transaction ID : B0CAA0E52

Amount of Each Disbursement this Period

5000.00

Memo Item

Purpose of Disbursement
Contribution to Committee

Category/ Type

Candidate Name
Jobs Education & Families First PAC

Office Sought: House Senate President
Disbursement For: 2024
 Primary General
 Other (specify) Other

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

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

15000.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. OORAH! POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	27	/	2024

Mailing Address PO BOX 3743

FEC Identification Number

C	C00551853
---	-----------

Transaction ID : B7BC1B82D0

Amount of Each Disbursement this Period

5000.00

Memo Item

City
CARMEL

State
IN

Zip Code
46082

Purpose of Disbursement

Contribution to Committee

Category/ Type

Candidate Name

OORAH! POLITICAL ACTION COMMITTEE

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Other

Full Name (Last, First, Middle Initial)

B. Richard E Neal For Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	20	/	2024

Mailing Address 76 Magnolia Terrace

FEC Identification Number

C	C00226522
---	-----------

Transaction ID : BDBC3330AD

Amount of Each Disbursement this Period

5000.00

Memo Item

City
Springfield

State
MA

Zip Code
01108-2533

Purpose of Disbursement

Contribution to Committee

Category/ Type

Candidate Name

Neal, Richard, , Rep.,

Office Sought:

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

Disbursement For: 2024

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

State: MA

District: 01

Full Name (Last, First, Middle Initial)

C. SCALISE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	06	/	2024

Mailing Address PO BOX 23219

FEC Identification Number

C	C00394957
---	-----------

Transaction ID : BB940CCF6I

Amount of Each Disbursement this Period

2500.00

Memo Item

City
New Orleans

State
LA

Zip Code
70183-0219

Purpose of Disbursement

Contribution to Committee

Category/ Type

Candidate Name

Scalise, Steve, , Rep.,

Office Sought:

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

Disbursement For: 2024

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

State: LA

District: 01

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

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

12500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. STEVE DAINES FOR MONTANA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2024

Mailing Address PO BOX 1598

FEC Identification Number

C	C00491357
---	-----------

Transaction ID : BD6ECCB29f

Amount of Each Disbursement this Period

2500.00

Memo Item

City
Helena

State
MT

Zip Code
59624-1598

Purpose of Disbursement
Contribution to Committee

Category/ Type

Candidate Name

Daines, Steve, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: MT District:

Full Name (Last, First, Middle Initial)

B. Vern Buchanan For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		12		2024

Mailing Address P. O. Box 48928

FEC Identification Number

C	C00412759
---	-----------

Transaction ID : BA9BF5AF26

Amount of Each Disbursement this Period

2500.00

Memo Item

City
Sarasota

State
FL

Zip Code
34230-5928

Purpose of Disbursement
Contribution to Committee

Category/ Type

Candidate Name

Buchanan, Vern, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: FL District: 16

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C	
---	--

Amount of Each Disbursement this Period

--

Memo Item

City

State

Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

5000.00

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

70000.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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. Safiedine, Ali, M., Dr.,

Mailing Address 7243 Chase Rd.

City
Dearborn

State
MI

Zip Code
48126-1301

Purpose of Disbursement

Refund

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2024

FEC Identification Number

C []

Transaction ID : BC34E49E5A

Amount of Each Disbursement this Period

[] 350.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

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).....▶

[] 350.00

[] 350.00