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Image# 202311179599148570

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

- Ortini Ozt	Other Than An Auth	onzed Committee		Office Use Only
1. NAME OF TYP COMMITTEE (in full)	E OR PRINT ▼	Example: If typing, to over the lines.	12FE4M	5
American Podiatric Medic	al Association Poli	tical Action Comr	nittee	
ADDRESS (number and street)	312 Old Georgetown Road			
Check if different				
than previously B reported. (ACC)	ethesda		⊥ MD L	20814-1621
2. FEC IDENTIFICATION NUMB	ER ▼ CITY	′ ≜	STATE ▲	ZIP CODE ▲
C C00008839	3. IS	THIS X NEW (N)	OR AM	ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:			20 (M8) X Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar 2	20 (M3) Jun	20 (M6) Sep	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15	Apr 2	20 (M4) Jul 2	20 (M7) Oct 2	20 (M10) Jan 31 (YE)
Quarterly Report (Q1) July 15	(c) 12-Day PRE-Election	Primary (12P)	General ((12G) Runoff (12R)
Quarterly Report (Q2) October 15	Report for the:	Convention (12C) Special (12S)
Quarterly Report (Q3) January 31	Floriton		TD / Y T Y T Y T Y	in the
Year-End Report (YE) July 31 Mid-Year	Election	on		State of
Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (3	0R) Special (30S)
Termination Report (TER)	Election		D / Y = Y = Y	in the State of
5. Covering Period 10	01 / 2023	through	10 31	2023
I certify that I have examined this Re	•	my knowledge and belie	ef it is true, correct and	I complete.
Type or Print Name of Treasurer	/IcCann, William, N., Dr.,			
Signature of Treasurer McCann, V	William, N., Dr.,		Date 11	/ DD D / YDYYY Y 09 2023
NOTE: Submission of false, erroneous,	or incomplete information	may subject the person	signing this Report to th	ne penalties of 52 U.S.C. § 3010
Office Use				FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

10 2023 31 2023 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 216787.48 January 1. 2023 (b) Cash on Hand at 117896.16 Beginning of Reporting Period..... 7818.84 229279.16 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 446066.64 125715.00 6(a) and 6(c) for Column B)..... 325779.82 5428.18 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 120286.82 120286.82 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

×

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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

01 10 2023 10 31 2023 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 4303.84 150883.54 (i) Itemized (use Schedule A)..... 3515.00 67390.68 (ii) Unitemized (iii) TOTAL (add 218274.22 7818.84 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 218274.22 7818.84 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 5000.60 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 6000.00 Political Committees..... 17. Other Federal Receipts 4.34 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 229279.16 12, 13, 14, 15, 16, 17, and 18(c))......▶ 7818.84 20. Total Federal Receipts 7818.84 229279.16 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calcination for the Butto			
(i) Federal Share	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating					
Expenditures	428.18	11779.82			
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	428.18	11779.82			
Transfers to Affiliated/Other Party	4 4 4 4				
Contributions to	0.00	0.00			
Federal Candidates/Committees and Other Political Committees	5000.00	313000.00			
Independent Expenditures (use Schedule E)	0.00	0.00			
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	0.00			
(use Schedule F)	0.00	0.00			
Loan Repayments Made	0.00	0.00			
Loans Made	0.00	0.00			
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	1000.00			
Than I Gillour Gommingoo	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			
Other Disbursements (Including					
Non-Federal Donations)	0.00	0.00			
Federal Election Activity (52 U.S.C. § 30101(20 (a) Allocated Federal Election Activity (from Schedule H6)	0))				
(i) Federal Share	0.00	0.00			
(ii) "Levin" Share	0.00	0.00			
(b) Federal Election Activity Paid Entirely With Federal Funds	200	0.00			
(c) Total Federal Election Activity (add	0.00	0.00			
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00			
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5428.18	325779.82			
Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	5429.19	205			
	5428.18	325779.82			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 7818.84 218274.22 (from Line 11(d), page 3) 34. Total Contribution Refunds 1000.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 217274.22 7818.84 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 428.18 11779.82 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 5000.60 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 428.18 6779.22 (subtract Line 37 from Line 36)

FOR LINE NUMBER: PAGE 6 Use separate schedule(s) (check only one) X 11a 11b 11c

15

OF

for each category of the 12 Detailed Summary Page 13 14 15 16 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 Date of Receipt Coker, Cathy, O., Dr., Mailing Address 4617 Bluff Rd. 2023 05 City Zip Code State Transaction ID: AE96B47D28C0A411BA3E IN Indianapolis 46217-3472 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Foot and Ankle Center Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Dabdoub, William, H., Dr., Date of Receipt Mailing Address 100 Ayshire Ct. 10 18 2023 City State Zip Code Transaction ID : AF983780E0CC845A0A32 Slidell LA 70461-5034 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Podiatric Physician Slidell Memorial Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 800,00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ginex, Steven, L., Dr., Date of Receipt Mailing Address 77685 Justin Ct. 2023 City State Zip Code Transaction ID: A1C89A87F0577426AA53 CA Palm Desert 92211-6238 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) 430.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 7 Use separate schedule(s) (check only one) X 11a 11b 11c

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OF

for each category of the 12 Detailed Summary Page 13 14 15 16 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 Date of Receipt Ginex, Steven, L., Dr., Mailing Address 77685 Justin Ct. 2023 30 City Zip Code State Transaction ID: A0D256C3B2707488887F CA Palm Desert 92211-6238 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Podiatric Physician Self-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gohil, Pratap, , Dr., Date of Receipt Mailing Address 2205 Carr Dr. 10 25 2023 P.O. Box 3098 City State Zip Code Transaction ID: AEB0875D80DB74CEFA1E Kokomo IN 46904-3098 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Podiatric Physician Gohil Clinic Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Goldsmith, Jon, R., Dr., Date of Receipt Mailing Address 7710 N. 127th Ave. 2023 09 City State Zip Code Transaction ID: A71AC64040A804157AD2 NE Omaha 68142-1720 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Common Spirit Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 680.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 8 Use separate schedule(s) (check only one) X 11a 11b 11c

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OF

for each category of the 12 Detailed Summary Page 13 14 15 16 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 Date of Receipt Goodale, Miranda, A., Dr., Mailing Address Clay County Podiatry, LLC 2023 20 955 W Craig Ave City Zip Code State Transaction ID: AD9DD412A55C0469CB3D IN 47834-7400 Brazil Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Clay County Podiatry, LLC Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Green, Tyson, E., Dr., Date of Receipt Mailing Address Center for Orthopaedics 10 2023 1747 Imperial Blvd. City State Zip Code Transaction ID: A900D28E58ADC416484F Lake Charles LA 70605 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Podiatric Physician Center for Orthopaedics Receipt For: Aggregate Year-to-Date ▼ Primary General 3000.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kirakosian, Arman, A., Dr., Date of Receipt Mailing Address 239 Mansfield Dr. 2023 10 City State Zip Code Transaction ID: A492DA034824540F79A3 CA South San Francisco 94080-1043 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) V.A.M.C. Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 650.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

FOR	LINE	LINE NUMBER: PAGE 9 OF 15							
(che	ck only	or	ne)						
X	11a		11b		11c		12		
	13		14		15		16	;	17

Detailed Summary Page 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 Date of Receipt Krueger, Kenneth, J., Dr., Mailing Address 15022 Sullivan Ln. 2023 05 City Zip Code State Transaction ID: AED78C9049B874CFF934 Westfield IN 46074-9802 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Podiatric Physician Self-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ladha, Zahid, A., Dr., Date of Receipt Mailing Address 3544 Marquis Ct. 10 03 2023 City State Zip Code Transaction ID: A064C4E50F1AF4E2DAC0 Floyds Knobs IN 47119-9766 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Podiatric Physician Self-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 3000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lantsberger, Rae, Louise, Dr., Date of Receipt Mailing Address Downtown Foot Clinic 2023 610 S.W. Alder St. #506 City State Zip Code Transaction ID: AC39F4F875CAE4F9A8DB OR Portland 97205-3606 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Gresham Foot Clinic Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

15 FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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 Lemon, Jamelah, Patrice, Dr., Date of Receipt Mailing Address Physicians Footcare 2023 3471 W. Montague Ave City Zip Code State Transaction ID: A3E852129782E4FFA838 SC North Charleston 29418-5938 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Podiatric Physician Physicians Footcare Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McCann, William, N., Dr., Date of Receipt Mailing Address Affiliates in Podiatry, PC 10 11 2023 248 Pleasant St.#203 Pillsbury Med City Zip Code State Transaction ID : AE385085B117249268DB Concord NH 03301-2588 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Podiatric Physician Pillsbury Medical Bldg. Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Miller, Jason, Christopher, Dr., Date of Receipt Mailing Address 1330 Kingwood Dr. #200 2023 13 City State Zip Code Transaction ID: AEB4F8378F5F24D3E8F2 TX Kingwood 77339-3038 Amount of Each Receipt this Period FEC ID number of contributing C 85.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 850.00 Other (specify) 285.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

15 FOR LINE NUMBER: PAGE 11 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 13 14 15 16 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 Prins, Darrell, Duane, Dr., DPM Date of Receipt Mailing Address 3011 N.E. West Devils Lake Rd. 2023 City Zip Code State Transaction ID: A1FD2361ACCEC4773B98 OR Lincoln City 97367-5131 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Lincoln County Foot Health Center Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rubenstein, Seth, A., Dr., Date of Receipt Mailing Address 1322 Pavilion Club Way 10 19 2023 City State Zip Code Transaction ID : ABC4229B114004E69913 Reston VA 20194-1338 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Podiatric Physician Foot and Ankle Specialists of the Mid-Receipt For: Aggregate Year-to-Date ▼ Primary General 1050.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Thomajan, Craig, H., Dr., Date of Receipt Mailing Address Austin Foot and Ankle Specialists 2023 04 5000 Bee Caves Rd. #202 City State Zip Code Transaction ID: A2420ABCDEE654A7CB2A TX Austin 78746 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Austin Foot and Ankle Specialists Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 450.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12

15

Detailed Summary Page 13 14 15 16 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 Thompson, Michael, B., Dr., Date of Receipt Mailing Address 201 68th Pl. 2023 City Zip Code State Transaction ID: A73EBE1C6A33C42C5845 Kenosha 53143-5137 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Podiatric Physician Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tower, Dyane, E., Dr., Date of Receipt Mailing Address 9312 Old Georgetown Rd 10 2023 City Zip Code State Transaction ID: A8B62948F6DC54F86959 Bethesda MD 20814-1621 Amount of Each Receipt this Period FEC ID number of contributing 83.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Director Clinical Affairs** American Podiatric Medical Association Receipt For: Aggregate Year-to-Date ▼ Primary General 754.56 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Winckelbach, Wendy, Sue, Dr., Date of Receipt Mailing Address Southside Foot Clinic 2023 33 E. County Line Rd. #B City Zip Code Transaction ID: AA6DF581EE5A3487D958 State IN Greenwood 46143-1078 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Southside Foot Clinic Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 508.84 SUBTOTAL of Receipts This Page (optional)..... 4303.84 TOTAL This Period (last page this line number only).....

ľ

SCHEDULE B (FEC Form 3X)		FOR LINE	NLIMBER: PAGE 13 OF 15						
ITEMIZED DISBURSEMENTS	Use separate schedule(s	(check only	NOMBELL.						
	for each category of the Detailed Summary Page	X 21b	22 23 26 27						
		28a	28b 28c 29 30b						
Any information copied from such Reports and State or for commercial purposes, other than using the nar									
NAME OF COMMITTEE (In Full)	no and address of any polit	oar committee to	, somet contributions from such confinition.						
· ,	iotion Dolitical Astis	n Committe	20						
American Podiatric Medical Assoc		COMMITTE	! 						
Full Name (Last, First, Middle Initial) A: Capital Ope Financial (COF)									
Capital One Financial (COF)	Date of Disbursement 10 11 2023								
Mailing Address P.O. Box 30285									
City	State Zip Code		FEC Identification Number						
Salt Lake City Purpose of Disbursement	UT 84130-0285								
Merchant Fee			C						
Candidate Name		Category/	Transaction ID : BBD52B674D Amount of Each Disbursement this Period						
		Type	Amount of Lacif Dispulsement this Period						
	ment For:		112.60						
Senate President	Primary General								
State: District:	Other (specify) ▼		Memo Item						
Full Name (Last, First, Middle Initial)									
B. Sandy Spring Bank									
	Mailing Address 17801 Georgia Ave								
City	State Zip Code 20832-2233		FEC Identification Number						
Olney Purpose of Disbursement	VID 20832-2233								
Maintenance Bill			Transposition ID + B247244E94E						
Candidate Name		Category/	Transaction ID: B317311F845 Amount of Each Disbursement this Period						
		Type							
	ment For:		95.26						
Senate President	Other (specify) General								
State: District:	caro. (opcony)		Memo Item						
Full Name (Last, First, Middle Initial)									
C. Square	Square								
Mailing Address 1455 Market Street, Suite 600		10 31 7 2023							
City	State Zip Code		FEC Identification Number						
San Francisco	CA 94103-1332		C C						
Purpose of Disbursement Bank Fees (credit card processing fees)	Purpose of Disbursement Rank Food (gradit card processing food)								
Candidate Name	Cotomorii	Transaction ID : B1E25EE52D Amount of Each Disbursement this Period							
		Category/ Type	Amount of Lacif Dispulsement this Period						
Office Sought: House Disburse	Office Sought: House Disbursement For:								
Senate	Primary General								
President Pictrict:	Other (specify) ▼		Memo Item						
State: District:									
SUBTOTAL of Disbursements This Page (optional).			402.18						
			7 7 7						
TOTAL This Period (last page this line number only)		1						

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S	CHEDULE B (FEC Form 3X)	11.		FOR L	INE N	NUMBER:	:		PAG	GE 1	4 OF	15
IT	EMIZED DISBURSEMENTS		rate schedule(s) category of the	(check	only 21b	one) 22)3 L	706		27	
			Summary Page		21b 28a	22 28b		23 28c	26 29		27 30b	
Ar	y information copied from such Reports and Stater	nents may n	ot be sold or use									ns
	for commercial purposes, other than using the nan											
	NAME OF COMMITTEE (In Full)											
\mathbb{Z}	American Podiatric Medical Associ	iation Po	litical Actior	Comm	nitte	e						
^	Full Name (Last, First, Middle Initial)					Data of	f Dick	urcom	nont			
Α.	USAePay					Date of Disbursement						
	Mailing Address 1455 Market Street, Suite 600					10] [06	J'L	202		
	,	State	Zip Code			FEC Id	entific	ation	Number			
	Glendale Purpose of Disbursement	CA	91201				-	-				
	Merchant Fee					С						
	Candidate Name			Cotogon	.,				D: BE82	-		riod
				Category Type	"	AIIIOUN	i oi E	acii L	isbursen	nent t	1115 PE	iioa
	Office Sought: House Disburser	ment For:									26.00	
	Senate	Primary	General						,			
	State: District:	Other (spec	eity) 🔻			Me	mo Ite	em				
_	Full Name (Last, First, Middle Initial)											
В.	Tun Name (East, First, Middle Initial)					Date of	f Disb	ursen	nent			
						M = M	/	D D	/ Y	Y	Y Y	1
	Mailing Address											
	City	State	Zip Code			FFC Id	entific	ation	Number			
	Purpose of Dichursoment						J. 161110	2			-	
	Purpose of Disbursement			· · ·	71	С						
	Candidate Name Category/					Amount of Each Disbursement this Period						
				Type	"	Amount of Each Disbursement this Period						
	Office Sought: House Disburser	ment For:							- 45		-765	
	Senate	Primary	General						,			
	President State: District:	Other (spec	ify)			Me	mo Ite	em				
_	Full Name (Last, First, Middle Initial)											
C.	·					Date of	f Disb	ursen	nent			
	Molling Address					M M M / D D / Y M Y M Y						
	Mailing Address						1 1			-		4
	City	State	Zip Code			FEC Id	entific	ation	Number			
	Purpose of Disbursement							_				
	a.pss s. siobalosiloil						C					
	Candidate Name			Category	//	Amount	t of Ea	ach D	isbursen	nent t	his Pe	riod
	Туре							_			-	
	Office Sought: House Disburser Senate		General						-	_	-787	
	President	Primary Other (spec	General ifv) ▼									
	State: District:	Janor (opec				Me	mo Ite	em				
Г							-	-		-	_	_
s	UBTOTAL of Disbursements This Page (optional)				•						26.00	
									-		128.18	
ΙT	OTAL This Period (last page this line number only)										0.10	

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SCHEDULE B (FEC Form 3X)	Lisa sanarata sahadula(a)	FOR LINE	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
American Podiatric Medical Associ	iation Political Actior	n Committe	ee
Full Name (Last, First, Middle Initial)			Date of Disbursement
Friends Of John Thune			M M / D D / Y Y Y Y
Mailing Address PO BOX 841			10 04 2023
,	State Zip Code SD 57101-0841		FEC Identification Number
Sioux Falls Purpose of Disbursement	SD 57101-0841		
•			C C00409581
Contribution to Committee Candidate Name		السبا	Transaction ID : B5E38D5D17
Thune, John, , Sen.,		Category/ Type	Amount of Each Disbursement this Period
	ment For: 2028	.,,,,	5000.00
▼ Senate	Primary General		
State: SD District:	Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial)			
3.			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address			
City	State Zip Code		FEC Identification Number
Purpose of Disbursement			С
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburser	ment For:	1,700	
Senate	Primary General		4 4
State: President State:	Other (specify)		Memo Item
Full Name (Last, First, Middle Initial)			Date of Disbursement
/-			
Mailing Address			M M / D D / Y Y Y Y
City	State Zip Code		FEC Identification Number
Purpose of Disbursement		С	
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburser	ment For:	Турс	
	Primary General		4 4
President	Other (specify) ▼		Memo Item
State: District:			LI Memo item
			5000.00
SUBTOTAL of Disbursements This Page (optional)		·····•	3000.00
TOTAL This Period (last page this line number only)	1		5000.00
	,		