

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 [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [06] / [01] / [2022] through [06] / [30] / [2022]

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

Signature of Treasurer *McCann, William, N., Dr.* [Electronically Filed] Date [07] / [07] / [2022]

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="2022"/>	<input type="text" value="476859.78"/>	<input type="text" value="476859.78"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="603381.36"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="14011.20"/>	<input type="text" value="146637.44"/>
(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="617392.56"/>	<input type="text" value="623497.22"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="168652.45"/>	<input type="text" value="174757.11"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="448740.11"/>	<input type="text" value="448740.11"/>
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:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

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 Y Y
06 / 01 / 2022 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2022

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).....	8571.00	101188.37
(ii) Unitemized	5440.20	45449.07
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	14011.20	146637.44
(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)	14011.20	146637.44
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	0.00
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)).....▶	14011.20	146637.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	14011.20	146637.44

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	364.58	3769.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	364.58	3769.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2500.00
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	200.00
(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	200.00
29. Other Disbursements (Including Non-Federal Donations).....	168287.87	168287.87
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)) ..	168652.45	174757.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	168652.45	174757.11

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)	14011.20	146637.44
34. Total Contribution Refunds (from Line 28(d))	0.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14011.20	146437.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	364.58	3769.24
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	364.58	3769.24

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 18
<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. Altman, Scott, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 185 E. 85th St. #23H

City New York	State NY	Zip Code 10028-2149
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2022

Transaction ID : A2CAF3A41ABC452B9DI

Amount of Each Receipt this Period
300.00

Memo Item

B. Belli, Richard, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5010 Skillman Ave.

City Woodside	State NY	Zip Code 11377-4156
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2022

Transaction ID : A4AD19F8E07EF4918A04

Amount of Each Receipt this Period
250.00

Memo Item

C. Branca, Maria, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 909 Midland Ave.

City Yonkers	State NY	Zip Code 10704-1092
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2022

Transaction ID : A269B33D8F8A14C0F996

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 18
	<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	<input type="checkbox"/> 17

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

A. Branwell, John, P., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 37 Seeley Ave.

City Kearny	State NJ	Zip Code 07032-1806
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2022

Transaction ID : AA2289D9134CC43099A6

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address 1150 Robert Blvd. #190

City Slidell	State LA	Zip Code 70458-2064
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Slidell Memorial Hospital	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2022

Transaction ID : AB70A0E75075141A2A4C

Amount of Each Receipt this Period
150.00

Memo Item

C. Ezewuiro, Robert, Nwachukwu, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1550 Banks Rd. #30

City Fort Mill	State SC	Zip Code 29715-9517
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Instride Carolina Podiatry	Occupation (for Individual) Podiatric Physician
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2022

Transaction ID : A0D39BA9F7A874E9AB72

Amount of Each Receipt this Period
365.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	715.00
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 18
	<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. Frimmel, Robert, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Sarasota Footcare Center**
 2000 Webber Street

City Sarasota	State FL	Zip Code 34239-5234
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sarasota Footcare Center	Occupation (for Individual) Podiatric Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 06 / 01 / 2022
Transaction ID : A3FEB614A375D4B7995A

Amount of Each Receipt this Period
 100.00

Memo Item

B. Goetz, Emilio, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **294 W. Merrick Rd. #8**

City Freeport	State NY	Zip Code 11520-3357
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 06 / 03 / 2022
Transaction ID : A2585BB64FA4F0AA2

Amount of Each Receipt this Period
 300.00

Memo Item

C. Goodale, Miranda, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Clay County Podiatry, LLC**
 955 W Craig Ave

City Brazil	State IN	Zip Code 47834-7400
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Clay County Podiatry, LLC	Occupation (for Individual) Podiatric Physician
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 06 / 20 / 2022
Transaction ID : A3BA9C5660A304373800

Amount of Each Receipt this Period
 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 18
	<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. Grady, John, F., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Foot & Ankle Institute
4650 Southwest Hwy.

City Oak Lawn State IL Zip Code 60453-1836

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 ▼ 2499.96

Date of Receipt **06 / 18 / 2022**

Transaction ID : AC9DEAD9671614584961

Amount of Each Receipt this Period 416.66

Memo Item

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

Mailing Address Center for Orthopaedics
1747 Imperial Blvd.

City Lake Charles State LA Zip Code 70605

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1800.00

Date of Receipt **06 / 11 / 2022**

Transaction ID : AED93D3893675418A853

Amount of Each Receipt this Period 300.00

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 ▼ 1625.00

Date of Receipt **06 / 20 / 2022**

Transaction ID : ADDE82A7F73C24E2BB1D

Amount of Each Receipt this Period 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 816.66

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 18
<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. 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 ▼ 1650.00

Date of Receipt **06 / 23 / 2022**
Transaction ID : A44E6047130AB4B65AC8
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Keating, Daniel, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Excelsior Orthopaedics 3925 Sheridan Dr. #100
 City Amherst State NY Zip Code 14226-1738
 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 **06 / 04 / 2022**
Transaction ID : A1D1C60304C2C479FBFD
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Koshimune, Diane, Miye, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Kaiser Permanente - San Jose 270 International Cir. POD. DEPT.
 City San Jose State CA Zip Code 95119-1130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente San Jose Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **06 / 24 / 2022**
Transaction ID : ABE0B9FDA15AB4099A7B
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	725.00
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 18
<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. Ladha, Zahid, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3544 Marquis Ct.

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2022

Transaction ID : A5A8B1FAB865C426995A

Amount of Each Receipt this Period
300.00

Memo Item

B. Latter, Stephen, E., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 58 Village Loop Rd.

City Kalispell	State MT	Zip Code 59901-2793
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2022

Transaction ID : AE6074731D002461385A

Amount of Each Receipt this Period
150.00

Memo Item

C. Le, Phong, H., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Northern California Orthopaedic As
75 Scripps Dr.

City Sacramento	State CA	Zip Code 95825-6320
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2022

Transaction ID : ADC4A37782B6E49C1AB1

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
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 18
<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. McCann, William, N., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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

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

Name of Employer (for Individual) Pillsbury Medical Bldg.	Occupation (for Individual) Podiatric Physician
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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
06	/	11	/	2022

Transaction ID : A7EEB5C2128154906A80

Amount of Each Receipt this Period
50.00

Memo Item

B. McDonough, Daria, P., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 4211

City Ormond Beach	State FL	Zip Code 32175-4211
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2022

Transaction ID : A2B2C3261A7B24576BCA

Amount of Each Receipt this Period
300.00

Memo Item

C. Miller, Jason, Christopher, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 350 Kingwood Medical Dr. #150

City Kingwood	State TX	Zip Code 77339-6406
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2022

Transaction ID : A3F7A84B339414577BAC

Amount of Each Receipt this Period
85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	435.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 13 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mollica, Raymond, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8223 14th Ave.
 City Brooklyn State NY Zip Code 11228-3113
 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 06 / 04 / 2022
Transaction ID : A6E8F7AEBE4DC425AA52
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Moulton, Rockwell, G., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4245 Roosevelt Way NE
 City Seattle State WA Zip Code 98105-6008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Washington Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 21 / 2022
Transaction ID : A5058EF163D064923943
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Olson, Bruce, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2035 Saviers Rd. #5
 City Oxnard State CA Zip Code 93033-3658
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 24 / 2022
Transaction ID : A4D33A177536E4820800
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3300.00
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 18
<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. Rusanowsky, Alexander, Paul, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1451 N. Stratford Ln.

City Wichita	State KS	Zip Code 67206-1164
-----------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2022

Transaction ID : AB5D34A08BE29440A14

Amount of Each Receipt this Period
50.00

Memo Item

B. Santi, Joseph, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 240 E. 5th St.

City Brooklyn	State NY	Zip Code 11218-2404
------------------	-------------	------------------------

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

Name of Employer (for Individual) Santi Podiatry Group	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
06	/	04	/	2022

Transaction ID : A70EE64A633A24327A2D

Amount of Each Receipt this Period
250.00

Memo Item

C. Schneider, Andrew, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Tanglewood Foot Specialists
1011 Augusta Dr. #202

City Houston	State TX	Zip Code 77057-2060
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Tanglewood Foot Specialists	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2022

Transaction ID : A6CF53F3B36864624A92

Amount of Each Receipt this Period
85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	385.00
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 18
<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. Stones, Gary, F., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Island Podiatry Associates**
1575 Hillside Ave. #104

City **New Hyde Park** State **NY** Zip Code **11040**

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 ▼ **511.00**

Date of Receipt **06 / 03 / 2022**

Transaction ID : A6B94B3EAD8804CFC81E

Amount of Each Receipt this Period **10.00**

Memo Item

B. Stones, Gary, F., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Island Podiatry Associates**
1575 Hillside Ave. #104

City **New Hyde Park** State **NY** Zip Code **11040**

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 ▼ **511.00**

Date of Receipt **06 / 03 / 2022**

Transaction ID : A5729527727DE430EB7E

Amount of Each Receipt this Period **1.00**

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 ▼ **600.00**

Date of Receipt **06 / 02 / 2022**

Transaction ID : A59A059F4958D4968B3B

Amount of Each Receipt this Period **100.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **111.00**

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: PAGE 16 OF 18
(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

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

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

Mailing Address **9312 Old Georgetown Rd**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	20	/	2022

Transaction ID : A5EF4ECA1D7214686AFA

Amount of Each Receipt this Period

83.34

 Memo Item

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

--

 Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

--

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	83.34
TOTAL This Period (last page this line number only).....▶	8571.00

**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 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

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
06	/	09	/	2022

FEC Identification Number

C [REDACTED]

Transaction ID : BC5DC374F3

Amount of Each Disbursement this Period

[REDACTED] 53.85

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

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
06	/	30	/	2022

FEC Identification Number

C [REDACTED]

Transaction ID : BBF457604Fc

Amount of Each Disbursement this Period

[REDACTED] 285.73

Memo Item

Full Name (Last, First, Middle Initial)

C. USAePay

Mailing Address 1455 Market Street, Suite 600

City
Glendale

State
CA

Zip Code
91201

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	06	/	2022

FEC Identification Number

C [REDACTED]

Transaction ID : BF9E913074i

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

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

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

[REDACTED] 364.58

[REDACTED] 364.58

**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. Balance Adjustment

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2022

Mailing Address 9312 Old Georgetown Rd.

FEC Identification Number

C	Transaction ID : B588D67A1F
Amount of Each Disbursement this Period	
168287.87	

City Bethesda State MD Zip Code 20814-1621

Purpose of Disbursement
correcting cash-on-hand, see Form 99

Category/ Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) Other

Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C	Amount of Each Disbursement this Period
---	---

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C	Amount of Each Disbursement this Period
---	---

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

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

Memo Item

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

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

168287.87
168287.87