

# 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 20814-1698

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 [08] / [01] / [2020] through [08] / [31] / [2020]

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

Signature of Treasurer *Simon, Janet, , Dr.,* [Electronically Filed] Date [09] / [10] / [2020]

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<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2020"/>  | <input type="text" value=""/>          | <input type="text" value="403506.41"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="404160.98"/> |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="7915.31"/>   | <input type="text" value="160105.90"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="412076.29"/> | <input type="text" value="563612.31"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="84814.49"/>  | <input type="text" value="236350.51"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="327261.80"/> | <input type="text" value="327261.80"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="0.00"/>      |  |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

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: 08 / 01 / 2020 To: 08 / 31 / 2020

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 5536.11                       | 115527.08                         |
| (ii) Unitemized .....   | 2379.20                       | 43578.82                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 7915.31                       | 159105.90                         |
| (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) .....  | 7915.31                       | 159105.90                         |
| 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)).....▶                         | 7915.31                       | 160105.90                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 7915.31                       | 160105.90                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 264.49                        | 4300.51                           |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 264.49                        | 4300.51                           |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 84500.00                      | 232000.00                         |
| 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 .....                                  | 50.00                         | 50.00                             |
| (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)).....                            | 50.00                         | 50.00                             |
| 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)) ..      | 84814.49                      | 236350.51                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 84814.49                      | 236350.51                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 7915.31                               | 159105.90                                 |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 50.00                                 | 50.00                                     |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 7865.31                               | 159055.90                                 |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 264.49                                | 4300.51                                   |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 264.49                                | 4300.51                                   |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 6 OF 25  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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. Alston, Johnnie, L., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Institute for Advanced Wound Care  
 2167 Normandie Dr.

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Montgomery | State<br>AL | Zip Code<br>36111-2728 |
|--------------------|-------------|------------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 08 / 03 / 2020  
**Transaction ID : AB124C44881184AA3A32**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B. Bhatia, Animesh, S., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 117 Lazelle Rd. E #B

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Columbus | State<br>OH | Zip Code<br>43235-8605 |
|------------------|-------------|------------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 08 / 27 / 2020  
**Transaction ID : AC289FB73CC61434F92D**

Amount of Each Receipt this Period  
 150.00

Memo Item

**C. Bostanche, John, L., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6123 Green Bay Rd. #100

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Kenosha | State<br>WI | Zip Code<br>53142-2939 |
|-----------------|-------------|------------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 08 / 20 / 2020  
**Transaction ID : A4F8A3565D6B34624913**

Amount of Each Receipt this Period  
 100.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 500.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 7 OF 25                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Brown, H., F., Dr., III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2001 Georgia Ave.  
 City Little Rock State AR Zip Code 72207-5014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 29 / 2020  
**Transaction ID : A0ED11160581C4AEDA3B**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Bryan, Gregory, W., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Ark LA Tex Foot Specialists, LLC  
 385 Bert Kouns #200  
 City Shreveport State LA Zip Code 71106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ark LA TexFoot Specialists, LLC Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 11 / 2020  
**Transaction ID : A4A605DA1C2FF4A21995**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**c. DeGere, Michael, William, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27 DeNeveu Cir.  
 City Fond Du Lac State WI Zip Code 54935-5457  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Agnesian HealthCare Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 14 / 2020  
**Transaction ID : A8EC84A25975848BF946**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 400.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 8 OF 25  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

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

**A. 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Instride Carolina Podiatry Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 10 / 2020  
**Transaction ID : A314A877C4C314AA29A8**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Frimmel, Robert, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Sarasota Footcare Center 1921 Waldemere St. #106  
 City Sarasota State FL Zip Code 34239-2941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sarasota Footcare Center Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 04 / 2020  
**Transaction ID : AB204F911CB994C28B71**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Gibson, Brandt, Ryan, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 N. 1100 E. #B  
 City American Fork State UT Zip Code 84003-2918  
 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 08 / 19 / 2020  
**Transaction ID : ACF980D57484E43D7AE3**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 180.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 9 OF 25  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. Ginex, Steven, L., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 77685 Justin Ct.

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Palm Desert | State<br>CA | Zip Code<br>92211-6238 |
|---------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self-Employed | Occupation (for Individual)<br>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 |
| 08    | / | 21    | / | 2020        |

**Transaction ID : AA0605E23295544C98BE**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. 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<br>Oak Lawn | State<br>IL | Zip Code<br>60453-1836 |
|------------------|-------------|------------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2499.96

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 05    | / | 2020        |

**Transaction ID : AC7D7ED72EBA447BF88E**

Amount of Each Receipt this Period  
416.66

Memo Item

**C. Harwood, Brent, Martin, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Southeast Podiatry  
23937 U.S. Hwy. 98 #1

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Fairhope | State<br>AL | Zip Code<br>36532-3354 |
|------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Southeast Podiatry | Occupation (for Individual)<br>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 |
| 08    | / | 29    | / | 2020        |

**Transaction ID : A990BFC03212245548A6**

Amount of Each Receipt this Period  
500.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 966.66 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 10 OF 25                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Havrilla, George, Stephen, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **McDuffie Podiatry & Wound Care**  
 544 W. Hill St.  
 City **Thomson** State **GA** Zip Code **30824-2117**  
 Name of Employer (for Individual) **McDuffie Podiatry & Wound Care** Occupation (for Individual) **Podiatric Physician**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **08 / 14 / 2020**  
**Transaction ID : AD629F97E547448EF9DE**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item

**B. Hulbert, Mitchell, D., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **1175 Aspen Ct.**  
 City **Grafton** State **WI** Zip Code **53024-9366**  
 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 **08 / 25 / 2020**  
**Transaction ID : A23C6E38036D940479A1**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Koewler, Joan, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **4157 Clark Rd.**  
 City **Sarasota** State **FL** Zip Code **34233-2403**  
 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 **08 / 17 / 2020**  
**Transaction ID : A89C077A98B2545E29A6**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>850.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 11 OF 25   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. Ladha, Zahid, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3544 Marquis Ct.

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Floyds Knobs | State<br>IN | Zip Code<br>47119-9766 |
|----------------------|-------------|------------------------|

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

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

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 |
| 08    |   | 11    |   | 2020        |

**Transaction ID : A217ABD089B6A47AF9D3**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Lockwood, Melissa, Jomarie, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Heartland Foot & Ankle Assn., P.C.  
10 Heartland Dr. #B

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Bloomington | State<br>IL | Zip Code<br>61704-7775 |
|---------------------|-------------|------------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
666.64

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 16    |   | 2020        |

**Transaction ID : AD916FF11B52B4D6B988**

Amount of Each Receipt this Period  
83.33

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<br>Mooresville | State<br>NC | Zip Code<br>28117-8775 |
|---------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Piedmont Healthcare | Occupation (for Individual)<br>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 |
| 08    |   | 20    |   | 2020        |

**Transaction ID : A47A810B0A9144EA9B24**

Amount of Each Receipt this Period  
500.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 883.33 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 12 OF 25                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Ollerton, Matthew, G., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 519 S. 1800 E.

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Springville | State<br>UT | Zip Code<br>84663-2610 |
|---------------------|-------------|------------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 21    | / | 2020        |

**Transaction ID : A15C425630941452A98B**

Amount of Each Receipt this Period  
30.00

Memo Item

**B. Palmquist, Roland, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Parker Indian Health Center  
12033 Agency Rd.

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Parker | State<br>AZ | Zip Code<br>85344-7718 |
|----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Parker Indian Health Center | Occupation (for Individual)<br>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 |
| 08    | / | 14    | / | 2020        |

**Transaction ID : A2F11B9DF2CC744A28DB**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Preece, Daniel, L., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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

|                        |             |                        |
|------------------------|-------------|------------------------|
| City<br>Salt Lake City | State<br>UT | Zip Code<br>84103-1229 |
|------------------------|-------------|------------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 28    | / | 2020        |

**Transaction ID : A5F5F86ACA3204C489F0**

Amount of Each Receipt this Period  
20.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 150.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 13 OF 25   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. Rottier, Francis, John, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2160 S. 1st Ave.

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Maywood | State<br>IL | Zip Code<br>60153-3328 |
|-----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>LUHS/Hines VAMC | Occupation (for Individual)<br>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 |
| 08    | / | 24    | / | 2020        |

**Transaction ID : AAA4FA585344A4738A86**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Sengstock, Jodie, Noll, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 49450 Hudson Dr.

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Canton | State<br>MI | Zip Code<br>48188-1979 |
|----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self-Employed | Occupation (for Individual)<br>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 |
| 08    | / | 18    | / | 2020        |

**Transaction ID : A446807C6A85042F5BA6**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Spohn-Gross, Holly, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3369 Essex Junction Ct.

|                       |             |                        |
|-----------------------|-------------|------------------------|
| City<br>Thousand Oaks | State<br>CA | Zip Code<br>91362-1135 |
|-----------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Sienna Wellness Institute | Occupation (for Individual)<br>Podiatric Physician |
|--|--|

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 |
| 08    | / | 14    | / | 2020        |

**Transaction ID : A0003F800587A484B922**

Amount of Each Receipt this Period  
50.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 850.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 14 OF 25                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

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

Date of Receipt 08 / 28 / 2020  
**Transaction ID : A00FFB88EDB5146A7A4D**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. Tower, Dyane, E., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 555.60

Date of Receipt 08 / 10 / 2020  
**Transaction ID : A64F55BE23A4847D0B12**  
 Amount of Each Receipt this Period 111.12  
 Memo Item

**C. Woelffer, Kirk, Eliel, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Raleigh Foot & Ankle Center  
 1418 E. Millbrook Rd.  
 City Raleigh State NC Zip Code 27609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Raleigh Foot Center Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 05 / 2020  
**Transaction ID : A2B2EC1BDA8FF4DE0897**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 286.12 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 15 OF 25   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. Yack, Catherine, Louise, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2006 Franklin St. #106

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Huntsville | State<br>AL | Zip Code<br>35801-4537 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self-Employed | Occupation (for Individual)<br>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 |
| 08  |   | 20  |   | 2020    |

**Transaction ID : A2C11CEC11EE8453F8F3**

Amount of Each Receipt this Period  
150.00

Memo Item

**B. Zdancewicz, Alissa, Berner, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15302 Searobbin Dr.

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Bradenton | State<br>FL | Zip Code<br>34202 |
|-------------------|-------------|-------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08  |   | 16  |   | 2020    |

**Transaction ID : AD413A3E8EEDF4162915**

Amount of Each Receipt this Period  
20.00

Memo Item

**C. Zeno, Todd, Anthony, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1168 Fleming Dr.

|                       |             |                        |
|-----------------------|-------------|------------------------|
| City<br>Mechanicsburg | State<br>PA | Zip Code<br>17055-5795 |
|-----------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self-Employed | Occupation (for Individual)<br>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 |
| 08  |   | 16  |   | 2020    |

**Transaction ID : A91D68F5FD5BC40CCADE**

Amount of Each Receipt this Period  
300.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 470.00  |
| <b>TOTAL</b> This Period (last page this line number only)..... | 5536.11 |

**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**

**A. Aristotle International**

Full Name (Last, First, Middle Initial)

Mailing Address 205 Pennsylvanie Ave, SE

City Washington State DC Zip Code 20003-1164

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: 08 / 31 / 2020

FEC Identification Number: C

Transaction ID : B85D6A549F

Amount of Each Disbursement this Period: 159.67

Memo Item

**B. Capital One Bank, NA**

Full Name (Last, First, Middle Initial)

Mailing Address

City Salt Lake City State UT Zip Code 84130

Purpose of Disbursement  
Bank Fees (account maintenance fees)

Candidate Name

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

State: District:

Date of Disbursement: 08 / 31 / 2020

FEC Identification Number: C

Transaction ID : BE0501B9DA

Amount of Each Disbursement this Period: 54.72

Memo Item

**C. Square**

Full Name (Last, First, Middle Initial)

Mailing Address

City San Francisco State CA Zip Code 94103

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: 08 / 31 / 2020

FEC Identification Number: C

Transaction ID : B5BD3FB765

Amount of Each Disbursement this Period: 25.10

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 239.49

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. USAePay**

Mailing Address

City  
Glendale

State  
CA

Zip Code  
91201

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

FEC Identification Number

C [ ]

**Transaction ID : B8B998A25C**

Amount of Each Disbursement this Period

[ ] 25.00

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

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

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

[ ] 25.00

[ ] 264.49

**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. BILL CASSIDY FOR US SENATE**

Mailing Address PO BOX 80505

City  
BATON ROUGE

State  
LA

Zip Code  
70898

Purpose of Disbursement  
2020 General Election Support

Candidate Name

**Cassidy, Bill, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: LA District:

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2020

FEC Identification Number

**C** C00543983

**Transaction ID : BAABE721A!**

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Brady For Congress**

Mailing Address P.O. Box 8277

City  
The Woodlands

State  
TX

Zip Code  
77387

Purpose of Disbursement  
2020 General Election Support

Candidate Name

**Brady, Kevin, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: TX District: 08

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2020

FEC Identification Number

**C** C00311043

**Transaction ID : B55A8ED329!**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CITIZENS FOR BOYLE**

Mailing Address PO BOX 11545

City  
PHILADELPHIA

State  
PA

Zip Code  
19116

Purpose of Disbursement  
2020 General Election Support

Candidate Name

**Boyle, Brendan, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: PA District: 02

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2020

FEC Identification Number

**C** C00543363

**Transaction ID : BA250FDFA!**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

10500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Democratic Senatorial Campaign Committee**

Full Name (Last, First, Middle Initial)

Mailing Address 120 Maryland Avenue, NE

City Washington State DC Zip Code 20002-5610

Purpose of Disbursement 2020 National Party Support

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) Other

State: District:

Date of Disbursement 08 / 17 / 2020

FEC Identification Number C

Transaction ID : B0153A19B5I

Amount of Each Disbursement this Period 15000.00

Memo Item

**B. EVERGREEN PAC**

Full Name (Last, First, Middle Initial)

Mailing Address 499 S CAPITOL ST, SW SUITE 422

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement 2020 LPAC Support - DelBene

Candidate Name EVERGREEN PAC

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) Other

State: District:

Date of Disbursement 08 / 19 / 2020

FEC Identification Number C C00576090

Transaction ID : BCA1FFB5FE

Amount of Each Disbursement this Period 5000.00

Memo Item

**C. Friends Of Jim Clyburn**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement 2020 General Election Support

Candidate Name Clyburn, James, E., Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) Other

State: SC District: 06

Date of Disbursement 08 / 17 / 2020

FEC Identification Number C C00255562

Transaction ID : B1755BEA7C

Amount of Each Disbursement this Period 2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 22500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Hawkeye PAC, The**

Mailing Address PO Box 7255

City  
Des Moines

State  
IA

Zip Code  
50309

Purpose of Disbursement  
2020 LPAC Support (Grassley)

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) **Other**

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2020

FEC Identification Number

C  
**Transaction ID : B8F8BC62A1**  
Amount of Each Disbursement this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Hoyer For Congress**

Mailing Address 700 13th Street, Nw  
Suite 600

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
2020 General Election Support

Candidate Name

**Hoyer, Steny, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: MD District: 05

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2020

FEC Identification Number

C C00140715  
**Transaction ID : B7ADA00157,**  
Amount of Each Disbursement this Period  
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Larson For Congress**

Mailing Address 330 Main Street

City  
Hartford

State  
CT

Zip Code  
06106

Purpose of Disbursement  
2020 General Election Support

Candidate Name

**Larson, John, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: CT District: 01

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2020

FEC Identification Number

C C00330142  
**Transaction ID : B6FD88965B**  
Amount of Each Disbursement this Period  
5000.00

Memo Item

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

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

12500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael Burgess For Congress**

Mailing Address PO Box 2334

City  
Denton

State  
TX

Zip Code  
76202

Purpose of Disbursement  
2020 General Election Support

Candidate Name

**Burgess, Michael, C., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 1 | 7 |   | 2 | 0 | 2 | 0 |

FEC Identification Number

**C** C00372532

**Transaction ID : BA37AE299C**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MORGAN GRIFFITH FOR CONGRESS**

Mailing Address PO BOX 361

City  
CHRISTIANSBURG

State  
VA

Zip Code  
24068

Purpose of Disbursement  
2020 General Election Support

Candidate Name

**Griffith, Morgan, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: VA District: 09

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 1 | 7 |   | 2 | 0 | 2 | 0 |

FEC Identification Number

**C** C00477240

**Transaction ID : B63072B7820**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Richard E Neal For Congress Committee**

Mailing Address 76 Magnolia Terrace

City  
Springfield

State  
MA

Zip Code  
01108

Purpose of Disbursement  
2020 General Election Support

Candidate Name

**Neal, Richard, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: MA District: 01

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 1 | 7 |   | 2 | 0 | 2 | 0 |

FEC Identification Number

**C** C00226522

**Transaction ID : B79428F0CA**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

|          |
|----------|
| 12500.00 |
|          |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard E Neal For Congress Committee**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    | / | 17    | / | 2020      |

Mailing Address 76 Magnolia Terrace

FEC Identification Number

|   |           |
|---|-----------|
| C | C00226522 |
|---|-----------|

**Transaction ID : B2A48B7475:**  
Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Memo Item

City Springfield State MA Zip Code 01108

Purpose of Disbursement  
2020 Primary Election Support

|  |
|--|
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|--|

Candidate Name  
**Neal, Richard, , Rep.,**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: MA District: 01

Full Name (Last, First, Middle Initial)

**B. TERRI SEWELL FOR CONGRESS**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    | / | 17    | / | 2020      |

Mailing Address P.O. BOX 1964

FEC Identification Number

|   |           |
|---|-----------|
| C | C00458976 |
|---|-----------|

**Transaction ID : B4241BA9011**  
Amount of Each Disbursement this Period

|         |
|---------|
| 4000.00 |
|---------|

Memo Item

City BIRMINGHAM State AL Zip Code 35201

Purpose of Disbursement  
2020 General Election Support

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

Candidate Name  
**Sewell, Terri, , Rep.,**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: AL District: 07

Full Name (Last, First, Middle Initial)

**C. TEXANS FOR JODEY ARRINGTON**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    | / | 17    | / | 2020      |

Mailing Address PO BOX 6687

FEC Identification Number

|   |           |
|---|-----------|
| C | C00588657 |
|---|-----------|

**Transaction ID : B68F548FE0**  
Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Memo Item

City LUBBOCK State TX Zip Code 79493

Purpose of Disbursement  
2020 General Election Support

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

Candidate Name  
**Arrington, Jodey, , Rep.,**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: TX District: 19

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

|         |
|---------|
| 9000.00 |
|---------|

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Texans For Senator John Cornyn Inc**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 13026

City Austin State TX Zip Code 78711

Purpose of Disbursement  
2020 General Election Support

Candidate Name  
**Cornyn, John, , Sen., III**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: TX District:

Date of Disbursement: 08 / 17 / 2020

FEC Identification Number: C00369033  
Transaction ID : B568B29752C  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**B. TEXAS VICTORY COMMITTEE-REPUBLICAN PARTY OF TEXAS (FEDERAL ACCOUNT)**

Full Name (Last, First, Middle Initial)  
Mailing Address 1011 CONGRESS AVE/SUITE 520

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
2020 Support (for Sen. Cornyn)

Candidate Name  
TEXAS VICTORY COMMITTEE-REPUBLICAN PARTY OF TEXAS (FEDERAL ACCOUNT)

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) Other

State: District:

Date of Disbursement: 08 / 26 / 2020

FEC Identification Number: C00012732  
Transaction ID : BAA9A32037!  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**C. Tom Reed For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 221 Washington Street

City Corning State NY Zip Code 14830

Purpose of Disbursement  
2020 General Election Support

Candidate Name  
**Reed, Tom, , Rep., II**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: NY District: 23

Date of Disbursement: 08 / 17 / 2020

FEC Identification Number: C00464032  
Transaction ID : B2C436D3FC  
Amount of Each Disbursement this Period: 5000.00

Memo Item

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

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

12500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Walorski For Congress Inc**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 17    |   | 2020        |

Mailing Address PO Box 954

FEC Identification Number

|   |           |
|---|-----------|
| C | C00468579 |
|---|-----------|

City  
Mishawaka

State  
IN

Zip Code  
46546

**Transaction ID : BBCB895A67**

Purpose of Disbursement  
2020 General Election Support

Category/  
Type

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Candidate Name

**Walorski, Jackie, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: IN District: 02

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 |  |
|---|--|

City

State

Zip Code

Amount of Each Disbursement this Period

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|  |
|--|

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

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 |  |
|---|--|

City

State

Zip Code

Amount of Each Disbursement this Period

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

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Memo Item

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

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

|         |
|---------|
| 5000.00 |
|---------|

|          |
|----------|
| 84500.00 |
|----------|



# 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. Rusanowsky, Alexander, Paul, Dr.,**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 13    |   | 2020        |

Mailing Address 1451 N. Stratford Ln.

City  
Wichita

State  
KS

Zip Code  
67206-1164

FEC Identification Number

C

**Transaction ID : BF4010509F4**  
Amount of Each Disbursement this Period

50.00

Memo Item

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

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

Mailing Address

City

State

Zip Code

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

City

State

Zip Code

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

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

50.00

50.00