

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period [03] / [01] / [2021] through [03] / [31] / [2021]

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 [04] / [13] / [2021]

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="2021"/> | <input type="text" value="379400.30"/> | <input type="text" value="379400.30"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="420258.58"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="67391.20"/> | <input type="text" value="126696.60"/> |
| (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="487649.78"/> | <input type="text" value="506096.90"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="12940.82"/> | <input type="text" value="31387.94"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="474708.96"/> | <input type="text" value="474708.96"/> |
| 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: / / To: / /

| 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)..... | 48921.00 | 93719.32 |
| (ii) Unitemized | 18470.20 | 32977.28 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 67391.20 | 126696.60 |
| (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) | 67391.20 | 126696.60 |
| 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)).....▶ | 67391.20 | 126696.60 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 67391.20 | 126696.60 |

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 | 230.82 | 1177.94 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 230.82 | 1177.94 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 12500.00 | 30000.00 |
| 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 | 210.00 | 210.00 |
| (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))..... | 210.00 | 210.00 |
| 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)) .. | 12940.82 | 31387.94 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 12940.82 | 31387.94 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

| 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) | 67391.20 | 126696.60 |
| 34. Total Contribution Refunds (from Line 28(d)) | 210.00 | 210.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 67181.20 | 126486.60 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 230.82 | 1177.94 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 230.82 | 1177.94 |

**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 39 |
| | <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 | |

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. Abrahamsen, Thomas, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 129 Kings Hwy. N.
 City Westport State CT Zip Code 06880-2438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 02 / 2021
Transaction ID : AFBF1ADA26C8347EAA21
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Andersen, Jane, Elizabeth, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Chapel Hill Foot & Ankle Assoc. 1506 E. Franklin St. #104
 City Chapel Hill State NC Zip Code 27514-2825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Chapel Hill Foot & Ankle Assoc. Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2021
Transaction ID : AB58B4478C90148D7AA8
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Bass, Javan, Shinar, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8225 Mall Pkwy. #230
 City Lithonia State GA Zip Code 30038-6913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Metro Foot & Ankle Centers, P.C. Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 14 / 2021
Transaction ID : A12326ADB6FF54E19B97
 Amount of Each Receipt this Period 300.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 900.00 |
| 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 39 |
| <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. Bellacosa, Richard, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3039 Panzano Place

| | | |
|---------------------|-------------|------------------------|
| City San Antonio | State TX | Zip Code 78258-4662 |
|---------------------|-------------|------------------------|

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 ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 01 | / | 2021 |

Transaction ID : AF569B3F914CA41199B1

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 6501 Red Hood Plz. #152

| | | |
|-------------------|-------------|------------------------|
| City St Thomas | State VI | Zip Code 00802-1373 |
|-------------------|-------------|------------------------|

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 |
| 03 | / | 03 | / | 2021 |

Transaction ID : AFAE02A3CD92E428BACB

Amount of Each Receipt this Period
300.00

Memo Item

C. Bernbach, Marc, R., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Waterbury Podiatry Consultants
171 Grandview Ave. #104

| | | |
|-------------------|-------------|------------------------|
| City Waterbury | State CT | Zip Code 06708-2509 |
|-------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Waterbury Podiatry Consultants | 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 |
| 03 | / | 01 | / | 2021 |

Transaction ID : A3E58F2F8ED034303A1A

Amount of Each Receipt this Period
300.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 900.00 |
| 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 39 |
| <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. Block, Alan, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1833 Lake Shore Dr

| | | |
|------------------|-------------|------------------------|
| City Columbus | State OH | Zip Code 43204-4964 |
|------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 14 | / | 2021 |

Transaction ID : A320DF170BC3E4D23A79

Amount of Each Receipt this Period
1000.00

Memo Item

B. 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 |
|-----------------|-------------|------------------------|

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 |
| 03 | / | 05 | / | 2021 |

Transaction ID : A8B24367DDF264000910

Amount of Each Receipt this Period
300.00

Memo Item

C. Brown, Adam, Craig, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Carolina Foot Specialists
615 Wesley Dr. #340

| | | |
|--------------------|-------------|------------------------|
| City Charleston | State SC | Zip Code 29407-7274 |
|--------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Carolina Foot Specialists | 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 |
| 03 | / | 15 | / | 2021 |

Transaction ID : AC35A9FF2F70241C6928

Amount of Each Receipt this Period
300.00

Memo Item

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 39 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <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. Burruano, James, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3256 Brookfield Ln.
 City Hamburg State NY Zip Code 14075-3652
 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 03 / 01 / 2021
Transaction ID : A9554E220E9D7443F99D
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Campo, Frank, S., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address North End Foot Center 260 North St.
 City Boston State MA Zip Code 02113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N. End Foot Center Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 01 / 2021
Transaction ID : A0C4E76E92A6E482C93F
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Chisholm, John, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 345 F St. #100
 City Chula Vista State CA Zip Code 91910-2632
 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 03 / 06 / 2021
Transaction ID : A06E4B9FB138A44CB9C9
 Amount of Each Receipt this Period 500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1300.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 39 |
| | <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. Christina, James, R., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9312 Old Georgetown Road

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

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

| | |
|---|---|
| Name of Employer (for Individual) APMA | Occupation (for Individual) Executive Director/CEO |
|---|---|

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 |
| 03 | / | 01 | / | 2021 |

Transaction ID : AFE6138F9346241B9A83

Amount of Each Receipt this Period
1000.00

Memo Item

B. Cohen, Terri, R., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Little Rock Foot Clinic
424 N. University Ave. #9

| | | |
|---------------------|-------------|------------------------|
| City Little Rock | State AR | Zip Code 72205-3109 |
|---------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Little Rock Foot Clinic | 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 |
| 03 | / | 17 | / | 2021 |

Transaction ID : A70FDFAFD450F4FC0A3C

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address Massapequa Foot Care
892 N. Broadway

| | | |
|--------------------------|-------------|------------------------|
| City North Massapequa | State NY | Zip Code 11758-2352 |
|--------------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Massapequa Foot Care | Occupation (for Individual) Podiatric Physician |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 02 | / | 2021 |

Transaction ID : A1B66BD7818244D18B81

Amount of Each Receipt this Period
2500.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3750.00 |
| 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 39 |
| | <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. Cooper, Ruth, Ann, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4415 Aicholtz Rd. #200

| | | |
|--------------------|-------------|------------------------|
| City Cincinnati | State OH | Zip Code 45245-1506 |
|--------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 01 | / | 2021 |

Transaction ID : A205B4DE52516483DAC3

Amount of Each Receipt this Period
500.00

Memo Item

B. Cornell, Brian, W., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Algonquin Dr.

| | | |
|--------------------|-------------|------------------------|
| City Middletown | State RI | Zip Code 02842-4573 |
|--------------------|-------------|------------------------|

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 |
| 03 | / | 09 | / | 2021 |

Transaction ID : AC0772F9338ED415F80D

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 2704 N. 8th St.

| | | |
|-----------------|-------------|------------------------|
| City McAllen | State TX | Zip Code 78501-2068 |
|-----------------|-------------|------------------------|

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 |
| 03 | / | 01 | / | 2021 |

Transaction ID : A91CA53D9C3FD4934920

Amount of Each Receipt this Period
300.00

Memo Item

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

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 39 |
| | <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. 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 |
|-----------------|-------------|------------------------|

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 ▼
450.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 17 | / | 2021 |

Transaction ID : A167BFFD194DC47ABA77

Amount of Each Receipt this Period
150.00

Memo Item

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

Mailing Address 6579 Westminster

| | | |
|----------------|-------------|------------------------|
| City Benton | State AR | Zip Code 72019-6660 |
|----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 14 | / | 2021 |

Transaction ID : A2DF9EFC4690643699D1

Amount of Each Receipt this Period
1000.00

Memo Item

C. Eisner, Richard, S., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 55 Highland Ave. #103

| | | |
|---------------|-------------|-------------------|
| City Salem | State MA | Zip Code 01970 |
|---------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 05 | / | 2021 |

Transaction ID : A4255FE1CAD7F4F45803

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1650.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 13 OF 39 |
| <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. Frasca, Sandro, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6910 11th Ave.

| | | |
|------------------|-------------|------------------------|
| City Brooklyn | State NY | Zip Code 11228-1298 |
|------------------|-------------|------------------------|

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 |
| 03 | / | 11 | / | 2021 |

Transaction ID : A2C4D4F0110A442608DE

Amount of Each Receipt this Period
300.00

Memo Item

B. Gale, Brian, D., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dakota Foot & Ankle
1733 E. Capitol Ave. #101

| | | |
|------------------|-------------|------------------------|
| City Bismarck | State ND | Zip Code 58501-1747 |
|------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Dakota Foot & Ankle Clinic | Occupation (for Individual) Podiatric Physician |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 06 | / | 2021 |

Transaction ID : AAB52C71B3DEF40EDB02

Amount of Each Receipt this Period
1000.00

Memo Item

C. Gouin, John, R., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13754 Primavera Dr.

| | | |
|------------------------|-------------|------------------------|
| City Corpus Christi | State TX | Zip Code 78418-6039 |
|------------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Corpus Christi Podiatry | Occupation (for Individual) Podiatric Physician |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 22 | / | 2021 |

Transaction ID : A6219330F75DD4740883

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1800.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 39 |
| | <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. Grace, Timothy, S., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11212 Sunrise Blvd. E #203

| | | |
|------------------|-------------|------------------------|
| City Puyallup | State WA | Zip Code 98374-8847 |
|------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 13 | / | 2021 |

Transaction ID : A44400C281AAA4A16B31

Amount of Each Receipt this Period
1000.00

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 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 ▼
1249.98

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 18 | / | 2021 |

Transaction ID : A6DD6C883EB8A49F5904

Amount of Each Receipt this Period
416.66

Memo Item

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

Mailing Address Center for Orthopaedics
1747 Imperial Blvd.

| | | |
|----------------------|-------------|-------------------|
| City Lake Charles | State LA | Zip Code 70605 |
|----------------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
900.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 11 | / | 2021 |

Transaction ID : A5FC58FFD2B5145D0AC3

Amount of Each Receipt this Period
300.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1716.66 |
| 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 15 OF 39 |
| | <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. Hanna, James, Robert, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 690 Davison Rd.
 City Lockport State NY Zip Code 14094-5338
 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
 03 / 12 / 2021
Transaction ID : A991A8376A49E4345864
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Harkless, Lawrence, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13103 Country Trl.
 City San Antonio State TX Zip Code 78216-2330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Western Univ. of Health Sciences Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2021
Transaction ID : AA561325EDCAB4BEBBAF
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Harris, William, , Dr., IV
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Carolina Podiatry Group
 1190 Hwy. 9 Bypass W.
 City Lancaster State SC Zip Code 29720-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) InStride Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 730.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2021
Transaction ID : AFE24648F20B44931843
 Amount of Each Receipt this Period
 365.00
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1165.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 39 |
| | <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 **03 / 04 / 2021**
Transaction ID : AF5C794307CA84E5EADB
 Amount of Each Receipt this Period **300.00**
 Memo Item

B. Hughes, Scott, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **Foot & Ankle Specialists, PC**
 1042 N. Monroe St.
 City **Monroe** State **MI** Zip Code **48162-3113**
 Name of Employer (for Individual) **Self-Employed** Occupation (for Individual) **Podiatric Physician**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **03 / 14 / 2021**
Transaction ID : A489071BF3F7E4D50BAF
 Amount of Each Receipt this Period **1000.00**
 Memo Item

C. Idiculla, Stanley, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **1406 Hidden Hill Ln.**
 City **Vienna** State **VA** Zip Code **22182-1766**
 Name of Employer (for Individual) **nova foot and ankle** Occupation (for Individual) **Podiatric Physician**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 01 / 2021**
Transaction ID : A48A78051D41B491C9F2
 Amount of Each Receipt this Period **300.00**
 Memo Item

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 17 OF 39 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. Jaakola, Eric, David, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Foot and Ankle Center of the Rocki
 4600 Hale Pkwy. #440
 City Denver State CO Zip Code 80220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 05 / 2021
Transaction ID : A5F93C0E3A91C451BAD5
 Amount of Each Receipt this Period 300.00
 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 ▼ 300.00

Date of Receipt 03 / 13 / 2021
Transaction ID : A14EADB8119E14462A04
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Kerbleski, Gerard, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Podiatry Associates of NM
 8300 Carmel Ave. N.E. #501
 City Albuquerque State NM Zip Code 87122-3125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Foot and Ankle Associates of NM Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 02 / 2021
Transaction ID : AC73B241DD47A4CEAB99
 Amount of Each Receipt this Period 300.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 900.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 39 |
| | <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. Kesselman, Paul, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 224 W. Henrietta Ave.
 City Oceanside State NY Zip Code 11572-5054
 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 **03 / 04 / 2021**
Transaction ID : A1E55B2A5633E4C90BBF
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Kissel, Charles, G., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Medical Center Footcare Associates 29433 Ryan Rd.
 City Warren State MI Zip Code 48092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Center Footcare Associates Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **03 / 02 / 2021**
Transaction ID : A6B052510D4A64EAB8E1
 Amount of Each Receipt this Period 500.00
 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 **03 / 09 / 2021**
Transaction ID : A83DB5734778D46A88B7
 Amount of Each Receipt this Period 500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 39 |
| | <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. Laha, David, B., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Kansas City Foot Specialists, PA
7230 W. 129th St.

| | | |
|-----------------------|-------------|------------------------|
| City Overland Park | State KS | Zip Code 66213-2624 |
|-----------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Kansas City Foot Specialists, PA | Occupation (for Individual) Podiatric Physician |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 16 | / | 2021 |

Transaction ID : A51BC2CB12EBD40F1AD4

Amount of Each Receipt this Period
5000.00

Memo Item

B. Landau, Laurence, D., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 416

| | | |
|------------------|-------------|------------------------|
| City Bethpage | State NY | Zip Code 11714-0416 |
|------------------|-------------|------------------------|

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 |
| 03 | / | 18 | / | 2021 |

Transaction ID : A7338AE4414C64A3FB5E

Amount of Each Receipt this Period
250.00

Memo Item

C. Landry, Mark, E., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8316 W. 97th St.

| | | |
|-----------------------|-------------|------------------------|
| City Overland Park | State KS | Zip Code 66212-3371 |
|-----------------------|-------------|------------------------|

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 |
| 03 | / | 15 | / | 2021 |

Transaction ID : A60DF640CB7474598855

Amount of Each Receipt this Period
150.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 5400.00 |
| 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 20 OF 39 |
| <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. Langone, Karen, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 365 County Rd. 39A #9
 City Southampton State NY Zip Code 11968-5243
 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 03 / 07 / 2021
Transaction ID : A07C5F8AB9E9746E89FA
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Launer, Seth, Lee, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 E. Alary Ln.
 City Corrales State NM Zip Code 87048-8307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Medical Group Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 27 / 2021
Transaction ID : A4958100CF07C4A7593F
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Lederman, Marc, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W. Hartford Podiatry Associates 2531 Albany Ave.
 City West Hartford State CT Zip Code 06117-2308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) W. Hartford Podiatry Associates Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 11 / 2021
Transaction ID : A934432270E354E9DAB6
 Amount of Each Receipt this Period 300.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 900.00 |
| 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 21 OF 39 |
| | <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. Lee, Ashley, Brook, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5221 Central Ave.
 City Western Springs State IL Zip Code 60558-1806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) First Step Foot Care Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 12 / 2021
Transaction ID : A1711FD203C8542D8A04
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Lemon, Jamelah, Patrice, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Physicians Footcare 3471 W. Montague Ave.
 City North Charleston State SC Zip Code 29418-5938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Physicians Footcare Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 13 / 2021
Transaction ID : ADF5E02C900744804A53
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Lenet, Marc, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5508 Belair Rd.
 City Baltimore State MD Zip Code 21206-3613
 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 03 / 11 / 2021
Transaction ID : AE925978B67724486A2D
 Amount of Each Receipt this Period 300.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 900.00 |
| 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 22 OF 39 |
| | <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. McAloon, Carolyn, E., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Bay Area Foot Care
19845 Lake Chabot Rd. #301

| | | |
|-----------------------|-------------|------------------------|
| City Castro Valley | State CA | Zip Code 94546-4055 |
|-----------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Bay Area Foot Care | 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 |
| 03 | / | 03 | / | 2021 |

Transaction ID : AC83AE644833F4CE5ACB

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 1834 S. Stewart

| | | |
|---------------------|-------------|------------------------|
| City Springfield | State MO | Zip Code 65804-2519 |
|---------------------|-------------|------------------------|

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 ▼
1021.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 14 | / | 2021 |

Transaction ID : A9DE6B68D7AF4483387C

Amount of Each Receipt this Period
1021.00

Memo Item

C. Merckx, Steven, Joseph, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Drumhill Cir.

| | | |
|-----------------|-------------|------------------------|
| City Madison | State WI | Zip Code 53717-1073 |
|-----------------|-------------|------------------------|

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 |
| 03 | / | 08 | / | 2021 |

Transaction ID : AC02830A91E1B47A59B1

Amount of Each Receipt this Period
300.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1621.00 |
| 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 23 OF 39 |
| | <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. Merena, Stephen, John, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Vista Ct.
 City Jericho State VT Zip Code 05465-2527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Vermont Medical Center Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 02 / 2021
Transaction ID : A58A197038C5841DE953
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Merrill, Jeff, T., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1050 Wild Plum Dr.
 City Klamath Falls State OR Zip Code 97601-1921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Klamath Falls Foot and Ankle Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2021
Transaction ID : ACC8D0BB946E14149B8E
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Miller, Mark, Steve, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1726 Avenida La Posta
 City Encinitas State CA Zip Code 92024-5610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Miller Medical Associates Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2021
Transaction ID : A8FCC5F32A04B4A0E9E0
 Amount of Each Receipt this Period 300.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 39 |
| | <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. Minhas, Sabrina, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 202 Shawmont Ave.

| | | |
|----------------------|-------------|------------------------|
| City Philadelphia | State PA | Zip Code 19128-4204 |
|----------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Center for Foot and Ankle Excellence | 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 |
| 03 | / | 04 | / | 2021 |

Transaction ID : AF299C76F108841788A6

Amount of Each Receipt this Period
350.00

Memo Item

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

Mailing Address Affiliated Foot & Ankle
3071 Peachtree Industrial Blvd. #1

| | | |
|----------------|-------------|------------------------|
| City Duluth | State GA | Zip Code 30097-8607 |
|----------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Affiliated Foot & Ankle, P.C. | Occupation (for Individual) Podiatric Physician |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 03 | / | 2021 |

Transaction ID : AE40C708841BB4D059CC

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 52303 Emmons Rd. #30

| | | |
|--------------------|-------------|------------------------|
| City South Bend | State IN | Zip Code 46637-4288 |
|--------------------|-------------|------------------------|

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 |
| 03 | / | 14 | / | 2021 |

Transaction ID : A4222874CA64C4499827

Amount of Each Receipt this Period
300.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1650.00 |
| 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 25 OF 39 |
| | <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. Mucinkas, Adam, Paul, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Feet First Foot Care Specialist, L**
162 West St. #K

| | | |
|-------------------------|--------------------|-------------------------------|
| City Cromwell | State CT | Zip Code 06416-4405 |
|-------------------------|--------------------|-------------------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Feet First Foot Care Specialist, LLC | Occupation (for Individual) Podiatric Physician |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 13 / 2021

Transaction ID : AEBFB203961B84A0781D

Amount of Each Receipt this Period
300.00

Memo Item

B. Painter, Gina, Marie, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Benefis Physician Associates**
1301 11th Ave S #6

| | | |
|----------------------------|--------------------|-------------------------------|
| City Great Falls | State MT | Zip Code 59405-4654 |
|----------------------------|--------------------|-------------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Benefis Physicians Associates | Occupation (for Individual) Podiatric Physician |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 12 / 2021

Transaction ID : A46BC297EE71B47269C2

Amount of Each Receipt this Period
300.00

Memo Item

C. Pantiel, Derek, T., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **4113 Oleander Dr. #G**

| | | |
|---------------------------|--------------------|-------------------------------|
| City Wilmington | State NC | Zip Code 28403-6840 |
|---------------------------|--------------------|-------------------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Instride Summit Podiatry | Occupation (for Individual) Podiatric Physician |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 06 / 2021

Transaction ID : A97C049C441494E51A06

Amount of Each Receipt this Period
300.00

Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 900.00 |
| 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 26 OF 39 |
| <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. Patel, Narendra, R., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Barrington Orthopedic Specialists**
929 W. Higgins Rd.

| | | |
|---------------------------|--------------------|-------------------------------|
| City Schaumburg | State IL | Zip Code 60195-3203 |
|---------------------------|--------------------|-------------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Barrington Orthopedic Specialists | Occupation (for Individual) Podiatric Physician |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 14 / 2021

Transaction ID : AD545498901A5495E997

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address **2154 W. Weatherby Way**

| | | |
|-------------------------|--------------------|-------------------------------|
| City Chandler | State AZ | Zip Code 85286-8442 |
|-------------------------|--------------------|-------------------------------|

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
03 / 14 / 2021

Transaction ID : A99747883C5AE41E4845

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address **Norridge Foot Clinic**
7325 W. Irving Park Rd.

| | | |
|------------------------|--------------------|-------------------------------|
| City Chicago | State IL | Zip Code 60634-3547 |
|------------------------|--------------------|-------------------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Norridge Foot Clinic | Occupation (for Individual) Podiatric Physician |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 12 / 2021

Transaction ID : A396F9B36BFF249409B7

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 2500.00 |
| 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 27 OF 39 |
| <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. Pignetti, Thomas, Takashi, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Advanced Foot Care**
9303 Pinecroft Dr. #100

City **Spring** State **TX** Zip Code **77380-3180**

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

Name of Employer (for Individual) **Advanced Foot Care** Occupation (for Individual) **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 01 / 2021**
Transaction ID : A09A4B8AB008C41F7908

Amount of Each Receipt this Period **500.00**

Memo Item

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

Mailing Address **2207 Golf Course Rd SE STE A**

City **Rio Rancho** State **NM** Zip Code **87124-1954**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 10 / 2021**
Transaction ID : A7B4E127E27EB4F90A4C

Amount of Each Receipt this Period **250.00**

Memo Item

C. Pinker, Mark, E., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Pinker & Associates**
47 Brookwood Ave.

City **Carlisle** State **PA** Zip Code **17015-9126**

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

Name of Employer (for Individual) **Pinker & Associates** Occupation (for Individual) **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 08 / 2021**
Transaction ID : ACDBB212F362A423BA80

Amount of Each Receipt this Period **300.00**

Memo Item

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1050.00 |
| 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 28 OF 39 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <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. Pontell, David, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3025 Hamaker Ct. #340
 City Fairfax State VA Zip Code 22031-2237
 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 **03 / 13 / 2021**
Transaction ID : A020D677071C347319C9
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Prins, Darrell, Duane, Dr., DPM
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3011 NE West Devils Lake Rd
 City Lincoln City State OR Zip Code 97367-5131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincoln County Foot Health Center Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 03 / 2021**
Transaction ID : A0AA05CF35CB543C7816
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Raynor, Sandra, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Podiatry Associates of IN PC
 5471 Georgetown Rd. #C
 City Indianapolis State IN Zip Code 46254-5794
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Podiatry Associates of IN Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **03 / 14 / 2021**
Transaction ID : A6C128FE5724C4801B45
 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 29 OF 39 |
| | <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. Robertozzi, Christian, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 High St. #201
 The Norman Silbert Medical Arts Bldg
 City Newton State NJ Zip Code 07860-9604
 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 **03 / 02 / 2021**
Transaction ID : AE2D935946A9D4EFDAB3
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Rogers, Mark, F., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1248 E. 90 N. #101
 City American Fork State UT Zip Code 84003-2954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Central UT Foot & Ankle Clinic Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt **03 / 15 / 2021**
Transaction ID : ADB65CD04465748CD8EF
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Rogers, Scott, F., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Rogers Foot & Ankle Institute
 1248 E 90 N
 City American Fork State UT Zip Code 84003-2956
 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 **03 / 08 / 2021**
Transaction ID : A47A77C35187D409496E
 Amount of Each Receipt this Period 500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| 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 30 OF 39 |
| | <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. Ross, Jeffrey, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Baylor Clinic**
6620 Main St. #1325

City **Houston** State **TX** Zip Code **77030-2332**

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 **03 / 12 / 2021**

Transaction ID : AB5106EDFB37D4C0E8CF

Amount of Each Receipt this Period **350.00**

Memo Item

B. Ross, Robin, C., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **62 Canyon Ridge Dr.**

City **Sandia Park** State **NM** Zip Code **87047-8506**

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

Name of Employer (for Individual) **Indian Health Services Albuquerque** Occupation (for Individual) **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 08 / 2021**

Transaction ID : A2220F727C7EF48C68D2

Amount of Each Receipt this Period **300.00**

Memo Item

C. Rubinstein, Greg, F., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **811 Grange Rd.**

City **Teaneck** State **NJ** Zip Code **07666-4409**

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 **03 / 03 / 2021**

Transaction ID : A52248EBC7FF34E8ABB3

Amount of Each Receipt this Period **500.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **1150.00**

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 31 OF 39 |
| <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. Sage, Robert, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Beloit Clinic**
1905 Huebbe Pkwy.

City **Beloit** State **WI** Zip Code **53511-1842**

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

Name of Employer (for Individual) **Beloit Health System** Occupation (for Individual) **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 09 / 2021**

Transaction ID : A89A61D0AF06B4FD79AC

Amount of Each Receipt this Period **500.00**

Memo Item

B. 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 ▼ **255.00**

Date of Receipt **03 / 20 / 2021**

Transaction ID : A43C5BE0313AF48CF8A3

Amount of Each Receipt this Period **85.00**

Memo Item

C. Schweibish, David, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **162 Whaler Drive**

City **Melbourne Beach** State **FL** Zip Code **32951-3961**

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

Name of Employer (for Individual) **Coast & Sole Ankle Specialists** Occupation (for Individual) **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 05 / 2021**

Transaction ID : A45C94966D84541ABA89

Amount of Each Receipt this Period **500.00**

Memo Item

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1085.00 |
| 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 32 OF 39 |
| | <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. Scott, Robert, Tyson, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Coastline Foot & Ankle
800 Liberty St. S.E.

City Salem State OR Zip Code 97302-4137

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 14 / 2021**
Transaction ID : AA1087279CE904B118F8

Amount of Each Receipt this Period 300.00

Memo Item

B. Seifert, Jennifer, R., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 811 Arbern Pl.

City Newark State DE Zip Code 19711-3454

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

Name of Employer (for Individual) First State Orthopaedics Occupation (for Individual) Podiatric Physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 13 / 2021**
Transaction ID : A68AD7308CBFF43A498C

Amount of Each Receipt this Period 300.00

Memo Item

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

Mailing Address Mt. Tabor Podiatry
7940 S.E. Division St. #E

City Portland State OR Zip Code 97206-1046

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

Name of Employer (for Individual) Mt Tabor Podiatry Occupation (for Individual) Podiatric Physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 14 / 2021**
Transaction ID : A3E4E31B294664CE68F6

Amount of Each Receipt this Period 300.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 900.00 |
| 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 33 OF 39 |
| | <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. Shapiro, Andrew, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 66 W. Merrick Rd. #101
 City Valley Stream State NY Zip Code 11580-5707
 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 03 / 11 / 2021
Transaction ID : A49C6339C337A4613B72
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Smith, Joseph, Christopher, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 654 Philadelphia Ave.
 City Shillington State PA Zip Code 19607-2769
 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 03 / 04 / 2021
Transaction ID : AC7AD4317588A4BDABCA
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Smith, Steven, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2929 E 69th St.
 City Tulsa State OK Zip Code 74136-4541
 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 03 / 29 / 2021
Transaction ID : A8075A42B588C41AAADA
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 OF 39 |
| | <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. Stones, Gary, F., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 566 Broadway

| | | |
|--------------------|-------------|------------------------|
| City Massapequa | State NY | Zip Code 11758-5017 |
|--------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 12 | / | 2021 |

Transaction ID : A783FC737E1654D288EB

Amount of Each Receipt this Period
500.00

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 ▼
250.02

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 05 | / | 2021 |

Transaction ID : AC5AA9705632D4FC08E2

Amount of Each Receipt this Period
83.34

Memo Item

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

Mailing Address Foot & Ankle Spec. of the Mid-Atla
11801 Rockville Pk. #105

| | | |
|-------------------|-------------|------------------------|
| City Rockville | State MD | Zip Code 20852-2714 |
|-------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 14 | / | 2021 |

Transaction ID : A7785C5FE85A14213BC6

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1083.34 |
| 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 35 OF 39 |
| <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. Virbulis, Sylvia, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Piedmont Foot & Ankle Care**
316 S. Church St.

City **Salisbury** State **NC** Zip Code **28144-4930**

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

Name of Employer (for Individual) **Piedmont Foot & Ankle Care** Occupation (for Individual) **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **03 / 13 / 2021**

Transaction ID : A16DE01D8531E4551B2F

Amount of Each Receipt this Period **1000.00**

Memo Item

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

Mailing Address **1600 Broadway #11B**

City **New York** State **NY** Zip Code **10019-7467**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **03 / 10 / 2021**

Transaction ID : A9F17BB7C768D4C57A39

Amount of Each Receipt this Period **1000.00**

Memo Item

C. Winckelbach, Wendy, Sue, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Southside Foot Clinic**
33 E. County Line Rd. #B

City **Greenwood** State **IN** Zip Code **46143-1078**

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

Name of Employer (for Individual) **Southside Foot Clinic** Occupation (for Individual) **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 08 / 2021**

Transaction ID : A5E760150ABA046D6B30

Amount of Each Receipt this Period **300.00**

Memo Item

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 2300.00 |
| 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 36 OF 39 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <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. Wood, David, Scott, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address E5348 Airport Rd.
 City Ironwood State MI Zip Code 49938-9519
 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
 03 / 25 / 2021
Transaction ID : A8E9929416C38491FB4A
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Zimelman, Troy, David, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 660 McQueen Smith Rd. N. #F
 City Prattville State AL Zip Code 36066-7559
 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
 03 / 01 / 2021
Transaction ID : A4336C16783B844D3859
 Amount of Each Receipt this Period
 300.00
 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 M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 600.00 |
| TOTAL This Period (last page this line number only)..... | 48921.00 |

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 Bank, NA

Mailing Address

City
Salt Lake City

State
UT

Zip Code
84130

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 | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 | | 0 | 9 | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : B8A38E9DDE

Amount of Each Disbursement this Period

192.08

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 | 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 | Y | Y |
| | | | | | | | | | | | |

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

192.08

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

192.08

**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. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City
Spokane

State
WA

Zip Code
99210

Purpose of Disbursement
2022 Primary Election Support

Candidate Name

McMorris Rodgers, Cathy, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

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

FEC Identification Number

C C00390476

Transaction ID : B424775D5D

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. GUTHRIE FOR CONGRESS

Mailing Address PO BOX 9639

City
BOWLING GREEN

State
KY

Zip Code
42102-9639

Purpose of Disbursement
2022 Primary Election Support

Candidate Name

Guthrie, Brett, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: KY District: 02

Date of Disbursement

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

FEC Identification Number

C C00445023

Transaction ID : BE33EC2293I

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Wenstrup For Congress

Mailing Address 512 Missouri Ave

City
Cincinnati

State
OH

Zip Code
45226

Purpose of Disbursement
2022 Primary Election Support

Candidate Name

Wenstrup, Brad, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: OH District: 02

Date of Disbursement

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

FEC Identification Number

C C00497818

Transaction ID : B9EB8CE4C

Amount of Each Disbursement this Period

5000.00

Memo Item

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

12500.00

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 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

A. Bair, Robert, T., Dr., Jr.

Full Name (Last, First, Middle Initial)

Mailing Address 3622 Edgewater Dr.

City Vermilion State OH Zip Code 44089-2224

Purpose of Disbursement Refund for Incorrect Payee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 18 / 2021

FEC Identification Number: C

Transaction ID : BA37D3A25A

Amount of Each Disbursement this Period: 60.00

Memo Item

B. Landau, Laurence, D., Dr.,

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 416

City Bethpage State NY Zip Code 11714-0416

Purpose of Disbursement Refund of 2021 Donation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 19 / 2021

FEC Identification Number: C

Transaction ID : B2590442D97

Amount of Each Disbursement this Period: 150.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 210.00 |
| TOTAL This Period (last page this line number only).....▶ | 210.00 |