

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 Bethesda MD 20814-1621

2. FEC IDENTIFICATION NUMBER 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 M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2022 through 01 / 31 / 2022

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

Signature of Treasurer McCann, William, N., Dr. [Electronically Filed] Date 02 / 16 / 2022

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2022"/>		476859.78
(b) Cash on Hand at Beginning of Reporting Period.....	476859.78	
(c) Total Receipts (from Line 19)	42536.59	42536.59
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	519396.37	519396.37
7. Total Disbursements (from Line 31).....	3240.83	3240.83
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	516155.54	516155.54
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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).....	27516.66	27516.66
(ii) Unitemized	15019.93	15019.93
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	42536.59	42536.59
(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)	42536.59	42536.59
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)).....▶	42536.59	42536.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	42536.59	42536.59

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	740.83	740.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	740.83	740.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	2500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
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)) ..	3240.83	3240.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3240.83	3240.83

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	42536.59	42536.59
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42536.59	42536.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	740.83	740.83
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	740.83	740.83

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. 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 **01 / 20 / 2022**
Transaction ID : A990C4DD1F5AE4490B6B
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Alper, David, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Patriot Rd
 City Burlington State MA Zip Code 01803-1509
 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 **01 / 12 / 2022**
Transaction ID : A6F9E574299CF49E587B
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Appel, Lesley, Stuart, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6832 Del Mar Ter.
 City Naples State FL Zip Code 34105-5033
 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 **01 / 31 / 2022**
Transaction ID : A9206B69A6377478D85A
 Amount of Each Receipt this Period 1000.00
 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 7 OF 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Armstrong, Richard, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Falmouth Podiatry
 342A Gifford St.
 City Falmouth State MA Zip Code 02540-5108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Falmouth Podiatry 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
 01 / 04 / 2022
Transaction ID : A404E18678F7E49F7B22
 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
 01 / 19 / 2022
Transaction ID : A4822AAAB9EFF412483A
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Caporusso, Joseph, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Complete Family Foot Care
 812 Lindberg Ave.
 City McAllen State TX Zip Code 78501-2930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Futuro Clinical Trials 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
 01 / 02 / 2022
Transaction ID : A0AA57361084C434AA93
 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 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address Southside Foot Clinic, P.C.
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 P.C. Occupation (for Individual) Podiatric Physician

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

Date of Receipt 01 / 25 / 2022
Transaction ID : AB8FE657EEDC14316A8E

Amount of Each Receipt this Period 300.00

Memo Item

B. Chrzan, James, S., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Boston Podiatry Service
28 Pacific St., P.O. Box 342

City Rockland State MA Zip Code 02370

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 01 / 27 / 2022
Transaction ID : A6F9230C9C049441BAE

Amount of Each Receipt this Period 500.00

Memo Item

C. Cooper, Gregory, L., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8033 Paseo Del Ocaso

City La Jolla State CA Zip Code 92037-3232

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 01 / 20 / 2022
Transaction ID : A36A1482BF3814958AD9

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 9 OF 25
	<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. 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 01 / 14 / 2022
Transaction ID : A08D86B29A4144E03B73
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Dahdah, John, P., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Foot & Ankle Health Group 933 N. Charlotte St. #2C
 City Pottstown State PA Zip Code 19464-5504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Foot & Ankle Health Group Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 01 / 27 / 2022
Transaction ID : A9E97B2A6071C4893893
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Davidson, Ashma, Shalonda, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1711 Davie Ave.
 City Statesville State NC Zip Code 28677-3521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carolina Foot Care Associates Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 01 / 14 / 2022
Transaction ID : A39C0D8285C9340AAA24
 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 10 OF 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. de los Reyes, Odin, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Pomperaug Office Park #105

City Southbury	State CT	Zip Code 06488-2295
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	10	/	2022

Transaction ID : A1E3888F0603B49E8961

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 30 Imperial Ave.

City Pittsfield	State MA	Zip Code 01201-3824
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	04	/	2022

Transaction ID : AF15FB6BD45DF49299A7

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address Boca Raton Podiatry
950 Glades Rd. #2A

City Boca Raton	State FL	Zip Code 33431-6401
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	27	/	2022

Transaction ID : A686F66CC0A6643C7B90

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 801 N. Zang Blvd. #103

City Dallas	State TX	Zip Code 75208-4858
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	17	/	2022

Transaction ID : ABADEBD3271D94E7DBF1

Amount of Each Receipt this Period
250.00

Memo Item

B. Garoufalos, Matthew, G., Dr., DPM
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1933 Hansom Ct.

City Naperville	State IL	Zip Code 60565-2629
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PFCS, PC	Occupation (for Individual) Podiatric Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	29	/	2022

Transaction ID : A9E14664CD58B4DB0A41

Amount of Each Receipt this Period
1000.00

Memo Item

C. Giardina, Vito, N., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4660 Wilkens Ave.

City Baltimore	State MD	Zip Code 21229-4848
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	14	/	2022

Transaction ID : A511A3AFFB08D48B4899

Amount of Each Receipt this Period
300.00

Memo Item

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

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

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

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

A. Gibson, Debra, Mary, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address South Baldwin Podiatry
1770 N. Alston St.

City Foley State AL Zip Code 36535-2274

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

Name of Employer (for Individual) S. Baldwin Podiatry, P.C. Occupation (for Individual) Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 22 / 2022
Transaction ID : AD918A38AD7D34F5DB65

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 ▼ 416.66

Date of Receipt 01 / 18 / 2022
Transaction ID : AA5061C1830A04B82963

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 ▼ 300.00

Date of Receipt 01 / 11 / 2022
Transaction ID : A1A785958F0BA4530960

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 13 OF 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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. Haas, Zachary, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6101 Paper Flower Pl. N.E.
 City Albuquerque State NM Zip Code 87111-8233
 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 01 / 17 / 2022
Transaction ID : AA53190C20AD94AAABDF
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Harrison, Todd, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11110 Medical Campus Rd. #100
 City Hagerstown State MD Zip Code 21742-6734
 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 01 / 04 / 2022
Transaction ID : A202A219AD7E64B9C8E0
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Hodson, Sean, Charles, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address White Sands Podiatry 981 Hwy. 98 E #3410
 City Destin State FL Zip Code 32541-2584
 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 01 / 24 / 2022
Transaction ID : ACA9E3E809C7046A0AE2
 Amount of Each Receipt this Period 1000.00
 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 14 OF 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Kaplan, Randy, K., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29355 Northwestern Hwy. #110
 City Southfield State MI Zip Code 48034-1065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **01 / 10 / 2022**
Transaction ID : A4B300494AB1F40AD8B7
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Kaplan, Randy, K., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29355 Northwestern Hwy. #110
 City Southfield State MI Zip Code 48034-1065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00

Date of Receipt **01 / 20 / 2022**
Transaction ID : A8D0A3833B0864D1A832
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Krejci, Kara, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Prairie Orthopaedic & Plastic Surg
 4130 Pioneer Woods Dr. #1
 City Lincoln State NE Zip Code 68506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Prairie Orthopaedic and Plastic Surgeon Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 300.00

Date of Receipt **01 / 21 / 2022**
Transaction ID : A1AEAFD153867427CBA8
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

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

Mailing Address 3544 Marquis Ct.

City Floyds Knobs	State IN	Zip Code 47119-9766
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	03	/	2022

Transaction ID : AF4C9EB341A5243A2827

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address PO Box 270968

City Fort Collins	State CO	Zip Code 80527-0968
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Lehrman Consulting, LLC	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
01	/	28	/	2022

Transaction ID : AED52E444A4FE44C1B61

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 177 Quail Ridge Dr.

City Mooresville	State NC	Zip Code 28117-8775
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Piedmont Healthcare	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	14	/	2022

Transaction ID : A2D35CCEBCB3247C88EC

Amount of Each Receipt this Period
1000.00

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 16 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. McDonald, Kevin, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Family Foot Care
 1022 Lee Ann Dr. N.E.
 City Concord State NC Zip Code 28025-2911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Family Foot Care, P.C. Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2022
Transaction ID : A2DCC972769964128809
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. McKinney, Scott, W., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address McKinney Podiatric Associates
 3692 E. Sam Houston Pkwy S. #100
 City Pasadena State TX Zip Code 77503-1602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McKinney Podiatric Associates Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2022
Transaction ID : A4BBAFDE529114174B20
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. 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
 M M / D D / Y Y Y Y Y Y
 01 / 11 / 2022
Transaction ID : A57609449481545C8976
 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 17 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Miller, Stephen, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Suncoast Podiatry Associates
 3301 S. W. 34th Cir. #102
 City Ocala State FL Zip Code 34474-6619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Suncoast Podiatry Associates Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 29 / 2022
Transaction ID : AFCAD90C8308646CFBC5
 Amount of Each Receipt this Period 500.00
 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 01 / 13 / 2022
Transaction ID : A7800FF43424E4046B61
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Novicki, David, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Milford Podiatry Associates
 32 Cherry St.
 City Milford State CT Zip Code 06460-3429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Milford Podiatry Associates Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 20 / 2022
Transaction ID : AEE2EA64757F441579B9
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. 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
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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 ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	10	/	2022

Transaction ID : A99B0094E8D304424856

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 750 E. Terra Cotta Ave. #C

City Crystal Lake	State IL	Zip Code 60014-3621
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	19	/	2022

Transaction ID : AE5433FB526D14FB7A97

Amount of Each Receipt this Period
300.00

Memo Item

C. 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
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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

M M	/	D D	/	Y Y Y Y
01	/	20	/	2022

Transaction ID : A9D8E7DED9E924286ABC

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 19 OF 25
	<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. Santi, Lawrence, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 240 E. 5th St.
 City Brooklyn State NY Zip Code 11218-2404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 28 / 2022
Transaction ID : AAC441304174D42B9AB5
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Savage, Thomas, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Medical Center of Aurora 1421 S. Potomac St. #120
 City Aurora State CO Zip Code 80012
 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 01 / 28 / 2022
Transaction ID : A65A3E77617CE45D594B
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Schink, Andrew, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1715 Cameo Dr.
 City Eugene State OR Zip Code 97405-5897
 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 01 / 18 / 2022
Transaction ID : A68826C183E074EF3AB2
 Amount of Each Receipt this Period 250.00
 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 20 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Simon, Janet, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 725 Van Buren Pl. S.E.
 City Albuquerque State NM Zip Code 87108-3555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Foot and Ankle Associates of New Mexic Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 21 / 2022
Transaction ID : A7618955C33A74C5CB63
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Singer, Alan, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address University Podiatry Group 100 Medical Plaza Driveway #460
 City Los Angeles State CA Zip Code 90024
 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 01 / 20 / 2022
Transaction ID : A0A4669DDD1A34125A95
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Sink, Cynthia, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10760 W. 143rd St. #60
 City Orland Park State IL Zip Code 60462-1920
 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 01 / 18 / 2022
Transaction ID : A902289FC959D44498C9
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Spinosa, Frank, A., 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) First Nations Community Healthsource Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 18 / 2022
Transaction ID : A9122B09EBA6747E2BDF
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Stones, Gary, F., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Island Podiatry Associates 1575 Hillside Ave. #104
 City New Hyde Park State NY Zip Code 11040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 28 / 2022
Transaction ID : A6C8319764BCB4565B0A
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Sundling, Rebecca, Ann, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 940 Monroe Ave. N.W. #125
 City Grand Rapids State MI Zip Code 49503-1457
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Foot and Ankle Specialists of West Mic Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 18 / 2022
Transaction ID : AE5FC7564138A4B78B6E
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 25
	<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. Virtue-Delayo, Laura, P., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Physicians Health Alliance**
 1032 N. Washington Ave. #1

City **Scranton** State **PA** Zip Code **18509-2913**

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

Name of Employer (for Individual) **Physicians Health Alliance** Occupation (for Individual) **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **01 / 24 / 2022**

Transaction ID : AC0C2190100584E4BA63

Amount of Each Receipt this Period **250.00**

Memo Item

B. Wallner, Benjamin, J., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **4636 Dustin Road**

City **Burtonsville** State **MD** Zip Code **20866-1029**

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

Name of Employer (for Individual) **American Podiatric Medical Association** Occupation (for Individual) **Director**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **01 / 20 / 2022**

Transaction ID : A7AF6B7A5995F4E12A45

Amount of Each Receipt this Period **1000.00**

Memo Item

C. Wellens-Bruschayt, Tatiana, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **101 6th St. N.W.**

City **Winter Haven** State **FL** Zip Code **33881-4630**

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 **01 / 29 / 2022**

Transaction ID : A2C2ADFC70FF54C73817

Amount of Each Receipt this Period **300.00**

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Williams, Andre, M., Dr.,

Mailing Address **Foot & Ankle Centers of Charlotte**
352 Milus St.

City Punta Gorda	State FL	Zip Code 33950-4552
----------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) Foot & Ankle Centers of Charlotte Coun	Occupation (for Individual) Podiatric Physician
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
01 / 29 / 2022

Transaction ID : A97EFA7F996BA449A947

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	27516.66

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. Square

Mailing Address

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Bank Fees (credit card processing fees)

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		3	1		2	0	2	2		

FEC Identification Number

C []

Transaction ID : B7ED621025I

Amount of Each Disbursement this Period

[] 535.03

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)..... ▶

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

[] 535.03

[] 535.03

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. MRVAN FOR CONGRESS

Mailing Address PO BOX 55

City
CROWN POINT

State
IN

Zip Code
46308

Purpose of Disbursement
2022 Primary Election Support

Candidate Name

Mrvan, Frank, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: IN District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	0		2	0	2	2	2	2

FEC Identification Number

C C00727529

Transaction ID : B9F25808F28

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	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).....▶

2500.00

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

2500.00