

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 9312 Old Georgetown Road
Check if different than previously reported. (ACC) Bethesda MD 20814-1698

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

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

5. Covering Period [07] / [01] / [2020] through [07] / [31] / [2020]

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

Signature of Treasurer *Simon, Janet, , Dr.,* [Electronically Filed] Date [08] / [14] / [2020]

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>		403506.41
(b) Cash on Hand at Beginning of Reporting Period.....	462878.67	
(c) Total Receipts (from Line 19)	3570.70	152190.59
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	466449.37	555697.00
7. Total Disbursements (from Line 31).....	62288.39	151536.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	404160.98	404160.98
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).....	2641.11	109990.97
(ii) Unitemized	929.59	41199.62
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3570.70	151190.59
(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)	3570.70	151190.59
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	3570.70	152190.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3570.70	152190.59

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	288.39	4036.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	288.39	4036.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	62000.00	147500.00
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)) ..	62288.39	151536.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	62288.39	151536.02

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)	3570.70	151190.59
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3570.70	151190.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	288.39	4036.02
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	288.39	4036.02

**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 17
<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. Ajlouny, Martha, Jullie, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Greensboro Podiatry Associates, P.
530 N. Elam Ave. #A

City Greensboro	State NC	Zip Code 27403-1139
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Instride Greensboro Podiatry Associate	Occupation (for Individual) Podiatric Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2020

Transaction ID : A2AC07EAE573E4F538EB

Amount of Each Receipt this Period
30.00

Memo Item

B. Arp, Eric, Allen, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address ARP Foot & Ankle Clinic, P.A.
801 S. College St.

City Mountain Home	State AR	Zip Code 72653-3930
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARP Foot & Ankle Clinic, P.A.	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
07	/	31	/	2020

Transaction ID : A7D5055C715F34BA39BE

Amount of Each Receipt this Period
150.00

Memo Item

C. Brown, H., F., Dr., III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2001 Georgia Ave.

City Little Rock	State AR	Zip Code 72207-5014
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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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2020

Transaction ID : AE8BD9760585343EF8CF

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	230.00
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 17
	<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. Bryan, Gregory, W., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Ark LA Tex Foot Specialists, LLC
 385 Bert Kouns #200
 City Shreveport State LA Zip Code 71106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ark LA TexFoot Specialists, LLC Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 11 / 2020
Transaction ID : A76F8E3091D31459A873
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Dabdoub, William, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1150 Robert Blvd. #190
 City Slidell State LA Zip Code 70458-2064
 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 ▼ 1050.00

Date of Receipt 07 / 17 / 2020
Transaction ID : A7BADCCC3F2C741E4AF6
 Amount of Each Receipt this Period 150.00
 Memo Item

C. DeLaRosa, Efren, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 W. Castellano Dr.
 City El Paso State TX Zip Code 79912-6119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed/Foot Institute Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 28 / 2020
Transaction ID : AA666B45D29A24097B34
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 17
<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. Ezewuiro, Robert, Nwachukwu, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1550 Banks Rd. #30

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2020

Transaction ID : A4C6C302335534E35B5B

Amount of Each Receipt this Period

30.00

 Memo Item

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

Mailing Address Sarasota Footcare Center
1921 Waldemere St. #106

City Sarasota	State FL	Zip Code 34239-2941
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	04	/	2020

Transaction ID : A279ED64D1E02434A961

Amount of Each Receipt this Period

100.00

 Memo Item

C. Gibson, Brandt, Ryan, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 36 N. 1100 E. #B

City American Fork	State UT	Zip Code 84003-2918
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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 M	/	D D D	/	Y Y Y Y Y Y
07	/	19	/	2020

Transaction ID : A8730820E27EE478B910

Amount of Each Receipt this Period

50.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	180.00
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 17
	<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. Ginex, Steven, L., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 77685 Justin Ct.

City Palm Desert	State CA	Zip Code 92211-6238
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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 M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2020

Transaction ID : A6A8AD02FCEA44CEE97A

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address Foot & Ankle Institute
4650 Southwest Hwy.

City Oak Lawn	State IL	Zip Code 60453-1836
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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 ▼
2083.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2020

Transaction ID : A469CFBD0FECDD4DA39B5

Amount of Each Receipt this Period
416.66

Memo Item

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

Mailing Address 2295 W. Mason St.

City Green Bay	State WI	Zip Code 54303-4706
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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 M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2020

Transaction ID : A707D2252866F4FED9C7

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	716.66
TOTAL This Period (last page this line number only).....	

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

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

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

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

Mailing Address 3544 Marquis Ct.

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2020

Transaction ID : ACBA1BDAEEC0D46929E

Amount of Each Receipt this Period
300.00

Memo Item

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

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

City Bloomington	State IL	Zip Code 61704-7775
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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 ▼
583.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2020

Transaction ID : AF2E5883FE6264E7DB62

Amount of Each Receipt this Period
83.33

Memo Item

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

Mailing Address 519 S. 1800 E.

City Springville	State UT	Zip Code 84663-2610
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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 ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2020

Transaction ID : A8749C9540F2745C5B2B

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	413.33
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 17
<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. Preece, Daniel, L., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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

City Salt Lake City	State UT	Zip Code 84103-1229
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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 ▼
320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2020

Transaction ID : AAA07C70AB3714FDE813

Amount of Each Receipt this Period
20.00

Memo Item

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

Mailing Address 3369 Essex Junction Ct.

City Thousand Oaks	State CA	Zip Code 91362-1135
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sienna Wellness Institute	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2020

Transaction ID : AF789C21BEF454F37919

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address Austin Foot & Ankle Specialists
5000 Bee Caves Rd. #202

City West Lake Hills	State TX	Zip Code 78746
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Austin Foot and Ankle Specialists	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2020

Transaction ID : A779ED1E6AF4B462D857

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	170.00
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 17
	<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. 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 ▼
444.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2020

Transaction ID : AE6C50A88262344059CC

Amount of Each Receipt this Period
111.12

Memo Item

B. Woelffer, Kirk, Eiel, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Raleigh Foot & Ankle Center
1418 E. Millbrook Rd.

City Raleigh	State NC	Zip Code 27609
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Raleigh Foot Center	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2020

Transaction ID : AA5E613556C1C431F9DB

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 15302 Searobbin Dr.

City Bradenton	State FL	Zip Code 34202
-------------------	-------------	-------------------

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 ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2020

Transaction ID : A5B9790114B1C46F78D5

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	181.12
TOTAL This Period (last page this line number only).....	2641.11

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Aristotle International

Full Name (Last, First, Middle Initial)

Mailing Address 205 Pennsylvanie Ave, SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Bank Fees (credit card processing fees)

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 31 / 2020

FEC Identification Number: C

Transaction ID : BA4DDA3CE

Amount of Each Disbursement this Period: 220.54

Memo Item

B. Capital One Bank, NA

Full Name (Last, First, Middle Initial)

Mailing Address

City Salt Lake City State UT Zip Code 84130

Purpose of Disbursement
Bank Fees (account maintenance fees)

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 31 / 2020

FEC Identification Number: C

Transaction ID : B7C99119C61

Amount of Each Disbursement this Period: 42.85

Memo Item

C. USAePay

Full Name (Last, First, Middle Initial)

Mailing Address

City Glendale State CA Zip Code 91201

Purpose of Disbursement
Bank Fees (credit card processing fees)

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 31 / 2020

FEC Identification Number: C

Transaction ID : BD1F7C9FB;

Amount of Each Disbursement this Period: 25.00

Memo Item

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

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

288.39
288.39

**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. BELIEF IN LIFE AND LIBERTY POLITICAL ACTION COMMITTEE (BILL'S PAC)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	2	0

Mailing Address PO BOX 906

FEC Identification Number

C C00545079

Transaction ID : BF98B7632F

Amount of Each Disbursement this Period

5000.00

Memo Item

City

MARIETTA

State

OH

Zip Code

45750

Purpose of Disbursement

2020 LPAC Support (Rep. Bill Johnson)

Category/
Type

Candidate Name

BELIEF IN LIFE AND LIBERTY POLITICAL ACTION COMMITTEE (BILL'S PAC)

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State:

District:

Other

Full Name (Last, First, Middle Initial)

B. BRETT PAC-THE LEADERSHIP PAC OF U.S. REPRESENTATIVE BRETT GUTHRIE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	2	0

Mailing Address 504 DEREK AVENUE

FEC Identification Number

C C00483487

Transaction ID : B94C47991C7

Amount of Each Disbursement this Period

2500.00

Memo Item

City

ELIZABETHTOWN

State

KY

Zip Code

42701

Purpose of Disbursement

2020 LPAC Support (Rep. Brett Guthrie)

Category/
Type

Candidate Name

BRETT PAC-THE LEADERSHIP PAC OF U.S. REPRESENTATIVE BRETT GUTHRIE

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State:

District:

Other

Full Name (Last, First, Middle Initial)

C. DARREN SOTO FOR CONGRESS

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	2	0

Mailing Address 338 N MAGNOLIA AVENUE
SUITE D

FEC Identification Number

C C00581074

Transaction ID : B6D1DCADE

Amount of Each Disbursement this Period

2000.00

Memo Item

City

ORLANDO

State

FL

Zip Code

32801

Purpose of Disbursement

2020 Primary Election Support

Category/
Type

Candidate Name

Soto, Darren, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: FL

District: 09

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

9500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Democratic Congressional Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2020

Mailing Address 2nd Floor
430 S. Capitol Street

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement
2020 National Party Support

FEC Identification Number

C	Transaction ID : BC1F1EEA98
Amount of Each Disbursement this Period	
15000.00	

Candidate Name

Category/Type

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

Memo Item

Full Name (Last, First, Middle Initial)

B. DR JOHN JOYCE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2020

Mailing Address 1002 LOGAN BLVD
STE 114 #237

City ALTOONA State PA Zip Code 16602

Purpose of Disbursement
2020 General Election Support

FEC Identification Number

C	C00674259
Transaction ID : BE35F9FFB9	
Amount of Each Disbursement this Period	
2500.00	

Candidate Name

Category/Type

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify)
 State: PA District: 13

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Schumer

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2020

Mailing Address 60 East 42nd Street Sutie 437

City New York State NY Zip Code 10165

Purpose of Disbursement
2022 Primary Donation

FEC Identification Number

C	C00346312
Transaction ID : BD42D4262A	
Amount of Each Disbursement this Period	
5000.00	

Candidate Name

Category/Type

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

Memo Item

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

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

22500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. GREAT LAKES PAC

Mailing Address PO BOX 1295

City
EAST LANSING

State
MI

Zip Code
48826

Purpose of Disbursement
2020 LPAC Support (Sen. Debbie Stabenow)

Candidate Name

GREAT LAKES PAC

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2020

FEC Identification Number

C C00375584

Transaction ID : B444AFF840!

Amount of Each Disbursement this Period

5000.00

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
2020 General Election Support

Candidate Name

Guthrie, Brett, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: KY District: 02

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2020

FEC Identification Number

C C00445023

Transaction ID : BDEBA75AEI

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. IMPACT

Mailing Address 509 Madison Ave.
Suite 1902

City
New York

State
NY

Zip Code
10022

Purpose of Disbursement
2020 LPAC Support (Sen. Chuck Schumer)

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2020

FEC Identification Number

C

Transaction ID : B51CCBF90!

Amount of Each Disbursement this Period

5000.00

Memo Item

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

15000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. JOHNSON FOR CONGRESS

Mailing Address PO BOX 14496

City
POLAND

State
OH

Zip Code
44514

Purpose of Disbursement
2020 General Election Support

Candidate Name

Johnson, Bill, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	2	0

FEC Identification Number

C C00476820

Transaction ID : B3647A739A
Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Pallone For Congress

Mailing Address PO Box 3176

City
Long Branch

State
NJ

Zip Code
07740

Purpose of Disbursement
2020 General Election Support

Candidate Name

Pallone, Frank, , Rep., Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: NJ District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	2	0

FEC Identification Number

C C00226928

Transaction ID : BAC4771E90I
Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SHORE PAC

Mailing Address PO Box 3157

City
Long Branch

State
NJ

Zip Code
07740-3157

Purpose of Disbursement
2020 LPAC Support (Rep. Frank Pallone)

Candidate Name

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	2	0

FEC Identification Number

C

Transaction ID : B4E9314F9D
Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

15000.00
62000.00