

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) **11400 Rockville Pike, Suite 220**
Check if different than previously reported. (ACC)
Rockville MD 20852-3004

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

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

5. Covering Period / / 2024 through / / 2024

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

Signature of Treasurer **McCann, William, N., Dr.,** Date / / 2024

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: 05 / 01 / 2024 To: 05 / 31 / 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		101135.56
(b) Cash on Hand at Beginning of Reporting Period.....	116289.21	
(c) Total Receipts (from Line 19)	6330.76	115799.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	122619.97	216935.46
7. Total Disbursements (from Line 31).....	13871.64	108187.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	108748.33	108748.33
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
05 / 01 / 2024 To: M M / D D / Y Y Y Y Y Y
05 / 31 / 2024

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).....	4030.76	89992.46
(ii) Unitemized	2300.00	24806.56
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6330.76	114799.02
(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)	6330.76	114799.02
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	0.88
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)).....▶	6330.76	115799.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6330.76	115799.90

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	171.64	2637.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	171.64	2637.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13500.00	105000.00
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	200.00	550.00
(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)).....	200.00	550.00
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)) ..	13871.64	108187.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13871.64	108187.13

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)	6330.76	114799.02
34. Total Contribution Refunds (from Line 28(d))	200.00	550.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6130.76	114249.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	171.64	2637.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	171.64	2637.13

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Andersen, Jane, Elizabeth, Dr.,

Mailing Address **Chapel Hill Foot & Ankle Specialis
1506 E. Franklin St. #104**

City **Chapel Hill** State **NC** Zip Code **27514-3616**

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

Name of Employer (for Individual) **Chapel Hill Foot & Ankle Assoc.** Occupation (for Individual) **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.80

Date of Receipt
05 / 16 / 2024

Transaction ID : A6325D80C2510416195B

Amount of Each Receipt this Period
76.92

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Cook, Christopher, Otto, Dr.,

Mailing Address **67880 E. Oak Grove Rd.**

City **Montrose** State **CO** Zip Code **81401-7438**

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
05 / 24 / 2024

Transaction ID : AEA7E192CC98E4323BD4

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address **634 Northview St.**

City **Bellingham** State **WA** Zip Code **98226-4604**

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

Name of Employer (for Individual) **Northwest Foot and Ankle Institute** Occupation (for Individual) **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 26 / 2024

Transaction ID : AE8BD8822528B4E069F2

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **1076.92**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dabdoub, William, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Ayshire Ct.
 City Slidell State LA Zip Code 70461-5034
 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 ▼ 250.00

Date of Receipt 05 / 18 / 2024
Transaction ID : ACB67C5B0EBA34319B80
 Amount of Each Receipt this Period 50.00
 Memo Item

B. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 30 / 2024
Transaction ID : AD8B9C57EA20040DCB6E
 Amount of Each Receipt this Period 80.00
 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 ▼ 1400.00

Date of Receipt 05 / 21 / 2024
Transaction ID : A10DDAEEAE13747B995F
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	430.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 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. Hovancsek, Robert, Louis, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2218 Simpson Ave.
 City Aberdeen State WA Zip Code 98520-3514
 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 **05 / 04 / 2024**
Transaction ID : A8BCB52C0760946B2BD7
 Amount of Each Receipt this Period 300.00
 Memo Item

B. 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 ▼ 1500.00

Date of Receipt **05 / 03 / 2024**
Transaction ID : A1E88453F768C4901B10
 Amount of Each Receipt this Period 300.00
 Memo Item

C. McCann, William, N., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Affiliates in Podiatry, PC
 248 Pleasant St.#203 Pillsbury Med
 City Concord State NH Zip Code 03301-2588
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pillsbury Medical Bldg. Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 11 / 2024**
Transaction ID : A8E81203779E5410A801
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Merckx, Steven, Joseph, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Drumhill Cir.
 City Madison State WI Zip Code 53717-1073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 28 / 2024
Transaction ID : A497C287E682F49D2821
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Miller, Jason, Christopher, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1330 Kingwood Dr. #200
 City Kingwood State TX Zip Code 77339-3038
 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 ▼ 425.00

Date of Receipt 05 / 13 / 2024
Transaction ID : A2B8A827E608D4D90B2B
 Amount of Each Receipt this Period 85.00
 Memo Item

C. 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 ▼ 505.00

Date of Receipt 05 / 31 / 2024
Transaction ID : AF144E3462CF943AFA1E
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	390.00
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 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Summers, N. Jake, Jake, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 Sprague Mill Rd.
 City Bedford State NH Zip Code 03110-4243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Elliot Orthopedic Surgery Specialists Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 24 / 2024
Transaction ID : A040902BD0B374210A12
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Thomajan, Craig, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Austin Foot and Ankle Specialists
 5000 Bee Caves Rd. #202
 City West Lake Hills State TX Zip Code 78746-5254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Austin Foot and Ankle Specialists Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 04 / 2024
Transaction ID : A292FEEAEB7464710A85
 Amount of Each Receipt this Period 100.00
 Memo Item

C. 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) Occupation (for Individual)
 American Podiatric Medical Association Director Clinical Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 419.20

Date of Receipt 05 / 11 / 2024
Transaction ID : A1010BB4C216047FFAFC
 Amount of Each Receipt this Period 83.84
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	683.84
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 11 OF 18
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

A. Treadwell, Joseph, Ryan, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **Foot & Ankle Specialists Of CT**
21 Cooke St
 City **Plainville** State **CT** Zip Code **06062**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **Foot & Ankle Specialists of CT** Occupation (for Individual) **Podiatric Physician**
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **05 / 25 / 2024**
Transaction ID : ABE3CD58C25DF44E9B5C
 Amount of Each Receipt this Period **300.00**
 Memo Item

B. Violand, Melanie, Ann, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **15269 W. Sells Dr.**
 City **Goodyear** State **AZ** Zip Code **85395-7705**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **Midwestern University, Arizona College** Occupation (for Individual) **Podiatric Physician**
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 28 / 2024**
Transaction ID : A5293D98887AB426CB4A
 Amount of Each Receipt this Period **500.00**
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	4030.76

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)

Form with checkboxes for line numbers 21b, 28a, 22, 28b, 23, 28c, 26, 29, 27, 30b

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Capital One Financial (COF)

Mailing Address P.O. Box 30285

City Salt Lake City

State UT

Zip Code 84130-0285

Purpose of Disbursement

Merchant Fee

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date selection box: 05 / 09 / 2024

FEC Identification Number

FEC ID box: C

Transaction ID : B53455640C

Amount of Each Disbursement this Period

Amount box: 53.85

Memo Item

Full Name (Last, First, Middle Initial)

B. Sandy Spring Bank

Mailing Address 17801 Georgia Ave

City Olney

State MD

Zip Code 20832-2233

Purpose of Disbursement

Maintenance Bill

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date selection box: 05 / 21 / 2024

FEC Identification Number

FEC ID box: C

Transaction ID : BCC7C90D2E

Amount of Each Disbursement this Period

Amount box: 90.56

Memo Item

Full Name (Last, First, Middle Initial)

C. Square

Mailing Address 1455 Market Street, Suite 600

City San Francisco

State CA

Zip Code 94103-1332

Purpose of Disbursement

Bank Fees (credit card processing fees)

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date selection box: 05 / 31 / 2024

FEC Identification Number

FEC ID box: C

Transaction ID : B3D1C87DE/

Amount of Each Disbursement this Period

Amount box: 0.23

Memo Item

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

Subtotal box: 144.64

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

Total box: (empty)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. USAePay

Mailing Address 1455 Market Street, Suite 600

City
Glendale

State
CA

Zip Code
91201

Purpose of Disbursement

Merchant Fee

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	2	4

FEC Identification Number

C []

Transaction ID : BC3CDFA10f

Amount of Each Disbursement this Period

[] 27.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

[] 27.00

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

[] 171.64

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)

Form for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. ASHLEY HINSON FOR CONGRESS

Date of Disbursement

Date of Disbursement: 05 / 06 / 2024

Mailing Address PO BOX 811

City MARION State IA Zip Code 52302

FEC Identification Number

C00706267

Purpose of Disbursement Contribution to Committee

Transaction ID : B9271AB2DE

Candidate Name

Amount of Each Disbursement this Period

Hinson, Ashley, , Rep.,

Category/Type

Amount of Each Disbursement this Period: 1000.00

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

[] Memo Item

State: IA District: 02

Full Name (Last, First, Middle Initial)

B. Courtney For Congress

Date of Disbursement

Date of Disbursement: 05 / 06 / 2024

Mailing Address PO BOX 1372

City Vernon State CT Zip Code 06066-7372

FEC Identification Number

C00410233

Purpose of Disbursement Contribution to Committee

Transaction ID : B13DE375677

Candidate Name

Amount of Each Disbursement this Period

Courtney, Joe, , Rep.,

Category/Type

Amount of Each Disbursement this Period: 1000.00

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [] Primary [] General [X] Other (specify) Convention

[] Memo Item

State: CT District: 02

Full Name (Last, First, Middle Initial)

C. Friends Of Chris Murphy

Date of Disbursement

Date of Disbursement: 05 / 06 / 2024

Mailing Address PO BOX 230987

City Hartford State CT Zip Code 06123-0987

FEC Identification Number

C00492645

Purpose of Disbursement Contribution to Committee

Transaction ID : B88A186AD1

Candidate Name

Amount of Each Disbursement this Period

Murphy, Chris, , Sen.,

Category/Type

Amount of Each Disbursement this Period: 2500.00

Office Sought: [] House [X] Senate [] President

Disbursement For: 2024 [] Primary [] General [X] Other (specify) Convention

[] Memo Item

State: CT District:

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

4500.00

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)

Form for line numbers 21b-28a, 22-28b, 23-28c, 26-29, 27-30b with checkboxes.

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hal Rogers For Congress

Mailing Address P.O. Box 1214

City Somerset

State KY

Zip Code 42502-1214

Purpose of Disbursement Contribution to Committee

Candidate Name

Rogers, Hal, , Rep.,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

State: KY District: 05

Date of Disbursement

Date of Disbursement form: MM / DD / YYYY (05 / 06 / 2024)

FEC Identification Number

C00116632

Transaction ID : B235C2DA58

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period form: 1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. LAHOOD FOR CONGRESS

Mailing Address P.O. BOX 10735

City PEORIA

State IL

Zip Code 61612

Purpose of Disbursement Contribution to Committee

Candidate Name

LaHood, Darin, , Rep.,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [] Primary [X] General [] Other (specify) v

State: IL District: 16

Date of Disbursement

Date of Disbursement form: MM / DD / YYYY (05 / 06 / 2024)

FEC Identification Number

C00575050

Transaction ID : B95E5E6FD5;

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period form: 1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. Mike Rogers For Congress

Mailing Address 123 East 13th Street

City Anniston

State AL

Zip Code 36201-4630

Purpose of Disbursement Contribution to Committee

Candidate Name

Rogers, Mike, , Rep.,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [] Primary [X] General [] Other (specify) v

State: AL District: 03

Date of Disbursement

Date of Disbursement form: MM / DD / YYYY (05 / 06 / 2024)

FEC Identification Number

C00367862

Transaction ID : BCAC7C6DF

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period form: 1000.00

[] Memo Item

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

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

SUBTOTAL form: 3000.00

TOTAL form: 3000.00

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)

Form for line numbers 21b-28a, 22-28b, 23-28c, 26-29, 27-30b with checkboxes.

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. MOOLENAAR FOR CONGRESS

Mailing Address 5915 EASTMAN AVENUE SUITE 100

City MIDLAND State MI Zip Code 48640-6824

Purpose of Disbursement Contribution to Committee

Candidate Name Moolenaar, John, , Rep.,

Office Sought: [X] House [] Senate [] President Disbursement For: 2024 [X] Primary [] General [] Other (specify) State: MI District: 02

Date of Disbursement

Date of Disbursement: 05 / 06 / 2024

FEC Identification Number

C00561530 Transaction ID : B7B2E73EBE

Amount of Each Disbursement this Period 1500.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. NORMA TORRES FOR CONGRESS

Mailing Address 728 W EDNA PLACE

City COVINA State CA Zip Code 91722

Purpose of Disbursement Contribution to Committee

Candidate Name Torres, Norma, , Rep.,

Office Sought: [X] House [] Senate [] President Disbursement For: 2024 [] Primary [X] General [] Other (specify) State: CA District: 35

Date of Disbursement

Date of Disbursement: 05 / 06 / 2024

FEC Identification Number

C00557652 Transaction ID : B06FB372FD

Amount of Each Disbursement this Period 1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. PETE AGUILAR FOR CONGRESS

Mailing Address PO BOX 10954

City SAN BERNARDINO State CA Zip Code 92423

Purpose of Disbursement Contribution to Committee

Candidate Name Aguilar, Pete, , Rep.,

Office Sought: [X] House [] Senate [] President Disbursement For: 2024 [] Primary [X] General [] Other (specify) State: CA District: 33

Date of Disbursement

Date of Disbursement: 05 / 06 / 2024

FEC Identification Number

C00510461 Transaction ID : B3FF4DBC7

Amount of Each Disbursement this Period 2500.00

[] Memo Item

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

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

Summary boxes for subtotal (5000.00) and total.

**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. Sanford Bishop For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2024

Mailing Address P. O. Box 909

FEC Identification Number

C	C00266940
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Transaction ID : B50ADB749E

Amount of Each Disbursement this Period

1000.00

Memo Item

City Columbus State GA Zip Code 31902

Purpose of Disbursement
Contribution to Committee

Category/ Type

Candidate Name
Bishop, Sanford, D., Rep., Jr.

Office Sought: House Senate President
State: GA District: 02

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C	
---	--

Amount of Each Disbursement this Period

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Memo Item

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C	
---	--

Amount of Each Disbursement this Period

--

Memo Item

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

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

1000.00

13500.00

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)

Grid for line numbers 21b-30b with checkboxes, where 28a is checked.

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

Form A: MAINE PODIATRIC MEDICAL ASSOCIATION. Includes fields for Date of Disbursement (05/03/2024), Mailing Address (2 Sweall St, Mich 15), City (South Portland, ME), Zip Code (04106), Purpose of Disbursement (VOID of 5/5/2023 uncashed check), Candidate Name, Office Sought, and Disbursement For (Primary/General/Other).

Form B: MAINE PODIATRIC MEDICAL ASSOCIATION. Includes fields for Date of Disbursement (05/06/2024), Mailing Address (2 Sweall St, Mich 15), City (South Portland, ME), Zip Code (04106), Purpose of Disbursement (refund of 5/5/2023 Contribution), Candidate Name, Office Sought, and Disbursement For (Primary/General/Other).

Form C: Nassoor, George, Michael, Dr.,. Includes fields for Date of Disbursement (05/09/2024), Mailing Address (430 Memorial Pkwy), City (Phillipsburg, NJ), Zip Code (08865-1573), Purpose of Disbursement (Return of duplicate 3/16/2024 contribution), Candidate Name, Office Sought, and Disbursement For (Primary/General/Other).

Summary table with rows for SUBTOTAL of Disbursements This Page (optional) and TOTAL This Period (last page this line number only), both showing 200.00.