

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 / 01 / 2022 through 07 / 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 08 / 08 / 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"/> | <input type="text" value="476859.78"/> | <input type="text" value="476859.78"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="448740.11"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="12455.25"/> | <input type="text" value="159092.69"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="461195.36"/> | <input type="text" value="635952.47"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="122232.05"/> | <input type="text" value="296989.16"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="338963.31"/> | <input type="text" value="338963.31"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

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 07 / 01 / 2022 To: M M / D D / Y Y Y Y 07 / 31 / 2022

| 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)..... | 8350.25 | 109538.62 |
| (ii) Unitemized | 4105.00 | 49554.07 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 12455.25 | 159092.69 |
| (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) | 12455.25 | 159092.69 |
| 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)).....▶ | 12455.25 | 159092.69 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 12455.25 | 159092.69 |

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 | 482.05 | 4251.29 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 482.05 | 4251.29 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 121000.00 | 123500.00 |
| 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 | 750.00 | 950.00 |
| (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))..... | 750.00 | 950.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 168287.87 |
| 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)) .. | 122232.05 | 296989.16 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 122232.05 | 296989.16 |

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) | 12455.25 | 159092.69 |
| 34. Total Contribution Refunds (from Line 28(d)) | 750.00 | 950.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 11705.25 | 158142.69 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 482.05 | 4251.29 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 482.05 | 4251.29 |

**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 32 |
| <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. Barth, Lindsay, Dean, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Next Step Foot & Ankle Centers
 5139 MAttis Rd. #102
 City Saint Louis State MO Zip Code 63128-2250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tesson Ferry Foot & Ankle Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 26 / 2022
Transaction ID : A0F62ED24214542EA94F
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Branks, Diane, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Diane D. Branks, DPM
 9 La Torre Drive
 City Pomona State CA Zip Code 91766-4876
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 07 / 10 / 2022
Transaction ID : AEF082786F49049EF996
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Cortese, Carl, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dr. Cortese Foot & Ankle Clinic
 1607 Visa Dr. #5B
 City Normal State IL Zip Code 61761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dr. Cortese Foot & Ankle Clinic Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 29 / 2022
Transaction ID : A285A9FDEF9734EEFA90
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 700.00 |
| 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 32 |
| | <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. 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 ▼ 1300.00

Date of Receipt 07 / 22 / 2022
Transaction ID : AD4230331D66B449799F
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Decesare, Joseph, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Federal Hill Podiatry Group 201 Broadway
 City Providence State RI Zip Code 02903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Federal Hill Podiatry Group Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 06 / 2022
Transaction ID : A0EDEFB76C5D6C4FBF9B4
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Donaldson-Bailey, Michelle, E.G., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3224 Saint Claude Ave.
 City New Orleans State LA Zip Code 70117-6659
 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 07 / 29 / 2022
Transaction ID : A318A4B26DC1F44C9B72
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 550.00 |
| 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 32 |
| | <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. Elliott, Denise, Lea, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Foot & Ankle Center
 1111 Medical Center Blvd. #N507
 City Marrero State LA Zip Code 70072-3156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Foot & Ankle Center Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2022
Transaction ID : A90976054BE3C4E68BFC
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Frederick, Jeffrey, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30005 Forest Dr.
 City Franklin State MI Zip Code 48025-1580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2022
Transaction ID : AFB39C90C37324B8AA75
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Frimmel, Robert, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Sarasota Footcare Center
 2000 Webber Street
 City Sarasota State FL Zip Code 34239-5234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sarasota Footcare Center Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2022
Transaction ID : A1BC40C56337A4919BBC
 Amount of Each Receipt this Period
 100.00
 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 32 |
| <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. Gastwirth, Glenn B, B., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8851 Bellido Circle

| | | |
|-----------------------|-------------|------------------------|
| City Boynton Beach | State FL | Zip Code 33472-8125 |
|-----------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Retired | Occupation (for Individual) retired |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 28 | / | 2022 |

Transaction ID : A8BDAEBDC816D448AAB

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 800 Austin St. Ste. E469

| | | |
|------------------|-------------|------------------------|
| City Evanston | State IL | Zip Code 60202-3455 |
|------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 13 | / | 2022 |

Transaction ID : AA73C9CA9204B4FDC8E5

Amount of Each Receipt this Period
500.00

Memo Item

C. Glynn, Angie, Lynn, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4343 N. 600 E.

| | | |
|------------------|-------------|------------------------|
| City Franklin | State IN | Zip Code 46131-7865 |
|------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 14 | / | 2022 |

Transaction ID : A3FD90D39150545EEB9E

Amount of Each Receipt this Period
500.00

Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 32 |
| | <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. Goodale, Miranda, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Clay County Podiatry, LLC
955 W Craig Ave

City Brazil State IN Zip Code 47834-7400

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

Name of Employer (for Individual) Clay County Podiatry, LLC Occupation (for Individual) Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 20 / 2022
Transaction ID : AFC1153EEEF604F3CB58

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

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 ▼ 2916.62

Date of Receipt 07 / 18 / 2022
Transaction ID : AB87204C8C23C4729B72

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 ▼ 2100.00

Date of Receipt 07 / 11 / 2022
Transaction ID : A14EA449E6F0B4D28B98

Amount of Each Receipt this Period 300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 766.66

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 11 OF 32 |
| | <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. Isenberg, Mark, S., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6109 N. Davis Hwy.
 City Pensacola State FL Zip Code 32504-6949
 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 **07 / 29 / 2022**
Transaction ID : AC18DEFA83EB8418AB34
 Amount of Each Receipt this Period 250.00
 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 ▼ 1750.00

Date of Receipt **07 / 20 / 2022**
Transaction ID : A916314235C274980939
 Amount of Each Receipt this Period 100.00
 Memo Item

C. 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 ▼ 1775.25

Date of Receipt **07 / 29 / 2022**
Transaction ID : A1A0331B824F7494CBF9
 Amount of Each Receipt this Period 25.25
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 375.25 |
| 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 32 |
| | <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. Krueger, Kenneth, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15022 Sullivan Ln.
 City Westfield State IN Zip Code 46074-9802
 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 07 / 01 / 2022
Transaction ID : A03C9318F2D7C438C9F1
 Amount of Each Receipt this Period 500.00
 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 ▼ 2100.00

Date of Receipt 07 / 03 / 2022
Transaction ID : A85DAE95F2E38462AA29
 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 ▼ 300.00

Date of Receipt 07 / 11 / 2022
Transaction ID : A380A8FF07C414F4C852
 Amount of Each Receipt this Period 50.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 32 |
| | <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, Jason, Christopher, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 350 Kingwood Medical Dr. #150

| | | |
|------------------|-------------|------------------------|
| City Kingwood | State TX | Zip Code 77339-6406 |
|------------------|-------------|------------------------|

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 ▼
595.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 30 | | 2022 |

Transaction ID : A6F9C6D40D23D4DAEA33

Amount of Each Receipt this Period
85.00

Memo Item

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

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 ▼
210.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 21 | | 2022 |

Transaction ID : A2AAD885342764A8EB3C

Amount of Each Receipt this Period
30.00

Memo Item

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

Mailing Address Summit Podiatry
1602 Doctor's Cir.

| | | |
|--------------------|-------------|------------------------|
| City Wilmington | State NC | Zip Code 28401-7406 |
|--------------------|-------------|------------------------|

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 M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 26 | | 2022 |

Transaction ID : AB74919E9EF1A4FA48C4

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 615.00 |
| 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 32 |
| | <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. Pulapaka, Jenneffer, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Deland Foot & Leg Center
 844 N. Stone St. #208
 City Deland State FL Zip Code 32720
 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 **07 / 28 / 2022**
Transaction ID : A048980C9BBBF4002B14
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Raynor, Alyson, Elizabeth, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8260 Lafayette Rd.
 City Indianapolis State IN Zip Code 46278-1030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Podiatric Student
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 28 / 2022**
Transaction ID : A51A58AF52FA7454C880
 Amount of Each Receipt this Period **150.00**
 Memo Item

C. Rusanowsky, Alexander, Paul, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1451 N. Stratford Ln.
 City Wichita State KS Zip Code 67206-1164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 02 / 2022**
Transaction ID : A449E844774F74550AFC
 Amount of Each Receipt this Period **50.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **700.00**
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 32 |
| <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. Schneider, Andrew, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Tanglewood Foot Specialists
1011 Augusta Dr. #202

City Houston State TX Zip Code 77057-2060

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

Name of Employer (for Individual) Tanglewood Foot Specialists Occupation (for Individual) Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 20 / 2022
Transaction ID : A5B22BC2D333243FB913

Amount of Each Receipt this Period 85.00

Memo Item

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

Mailing Address 133 W. Market St. #261

City Indianapolis State IN Zip Code 46204-2801

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

Name of Employer (for Individual) Indiana Podiatric Medical Assn. Occupation (for Individual) Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 26 / 2022
Transaction ID : AB726C6608FCA4E97810

Amount of Each Receipt this Period 150.00

Memo Item

c. Stuart, Chase, Robberts, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6342 El Paso St.

City Whitestown State IN Zip Code 46075-5503

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

Name of Employer (for Individual) Ascension St. Vincent Hospital Employee Occupation (for Individual) Podiatric Physician

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 18 / 2022
Transaction ID : A233327D9D87A4D2FAEE

Amount of Each Receipt this Period 150.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 385.00

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 32 |
| | <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. 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) 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 | | 02 | | 2022 |

Transaction ID : A145D928AB07C465680A

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 201 68th Pl.

| | | |
|-----------------|-------------|------------------------|
| City Kenosha | State WI | Zip Code 53143-5137 |
|-----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 14 | | 2022 |

Transaction ID : A9BFE90BB90224629B77

Amount of Each Receipt this Period
125.00

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) American Podiatric Medical Association | Occupation (for Individual) Director Clinical Affairs |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
583.38

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 20 | | 2022 |

Transaction ID : A3953B3E0A0454E01BBF

Amount of Each Receipt this Period
83.34

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 308.34 |
| TOTAL This Period (last page this line number only)..... | |

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

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

FOR LINE NUMBER: PAGE 17 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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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
Wesselowski, Barry, E., Dr.,

Mailing Address 209 N. 6th St., P.O. Box 372

City Independence State KS Zip Code 67301-0372

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 **07 / 29 / 2022**

Transaction ID : A1EFA3E2F84E14F688A6

Amount of Each Receipt this Period **500.00**

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).....▶ | 500.00 |
| TOTAL This Period (last page this line number only).....▶ | 8350.25 |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Capital One 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

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

FEC Identification Number

C [REDACTED]
Transaction ID : B805956549A
Amount of Each Disbursement this Period
[REDACTED] 244.42

Memo Item

Full Name (Last, First, Middle Initial)

B. 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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 2 | 9 | | 2 | 0 | 2 | 2 |

FEC Identification Number

C [REDACTED]
Transaction ID : B95616CFC2!
Amount of Each Disbursement this Period
[REDACTED] 212.63

Memo Item

Full Name (Last, First, Middle Initial)

C. USAePay

Mailing Address 1455 Market Street, Suite 600

City
Glendale

State
CA

Zip Code
91201

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 0 | 6 | | 2 | 0 | 2 | 2 |

FEC Identification Number

C [REDACTED]
Transaction ID : B6660B8839!
Amount of Each Disbursement this Period
[REDACTED] 25.00

Memo Item

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

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

| | | | | | |
|---|---|---|---|---|---|
| 4 | 8 | 2 | . | 0 | 5 |
| 4 | 8 | 2 | . | 0 | 5 |

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Anna Eshoo For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814-4602

Purpose of Disbursement Contribution to Committee

Candidate Name Eshoo, Anna, G., Rep.,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: CA District: 16

Date of Disbursement: 07 / 20 / 2022

FEC Identification Number: C00258475
Transaction ID : B9A86192FB
Amount of Each Disbursement this Period: 5000.00

Memo Item

B. BEATTY FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 172

City Columbus State OH Zip Code 43216-0172

Purpose of Disbursement Contribution to Committee

Candidate Name Beatty, Joyce, , Rep.,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: OH District: 03

Date of Disbursement: 07 / 20 / 2022

FEC Identification Number: C00507368
Transaction ID : B803F85C0A
Amount of Each Disbursement this Period: 5000.00

Memo Item

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

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 906

City Marietta State OH Zip Code 45750-0906

Purpose of Disbursement Contribution to Committee

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

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼ Other

State: District:

Date of Disbursement: 07 / 20 / 2022

FEC Identification Number: C00545079
Transaction ID : BF8C1B8FF/
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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. BRIAN FITZPATRICK FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 939

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 20 | | 2022 |

City Langhorne State PA Zip Code 19047-0939

FEC Identification Number

Purpose of Disbursement
Contribution to Committee

| | |
|---|-----------|
| C | C00607416 |
|---|-----------|

Candidate Name
Fitzpatrick, Brian, , Rep.,

Category/
Type

Transaction ID : BB5C16018F
Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: PA District: 01

| |
|---------|
| 1000.00 |
|---------|

Memo Item

B. BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 200 E ST JULIAN ST SUITE 603

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 20 | | 2022 |

City Savannah State GA Zip Code 31401-2754

FEC Identification Number

Purpose of Disbursement
Contribution to Committee

| | |
|---|-----------|
| C | C00543967 |
|---|-----------|

Candidate Name
Carter, Buddy, , Rep.,

Category/
Type

Transaction ID : BC90AE3B48
Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: GA District: 01

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

Memo Item

C. BUILDING AND RESTORING THE AMERICAN DREAM FUND

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 30844

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 20 | | 2022 |

City Bethesda State MD Zip Code 20824-0844

FEC Identification Number

Purpose of Disbursement
Contribution to Committee

| | |
|---|-----------|
| C | C00590356 |
|---|-----------|

Candidate Name
BUILDING AND RESTORING THE AMERICAN DREAM FUND

Category/
Type

Transaction ID : B31BF15B0A
Amount of Each Disbursement this Period

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

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

Memo Item

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

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

| |
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| 10000.00 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. COTTON FOR SENATE | | Date of Disbursement MM / DD / YYYY 07 / 20 / 2022 |
| Mailing Address PO BOX 379 | | FEC Identification Number C00499988 Transaction ID : BF156A5BBF Amount of Each Disbursement this Period 1000.00 |
| City Dardanelle | State AR | Zip Code 72834-0379 |
| Purpose of Disbursement Contribution to Committee | | Category/ Type |
| Candidate Name Cotton, Tom, , Sen., | | |
| Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: AR | District: | <input type="checkbox"/> Memo Item |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. CRAWFORD FOR CONGRESS | | Date of Disbursement MM / DD / YYYY 07 / 20 / 2022 |
| Mailing Address PO BOX 16956 | | FEC Identification Number C00462374 Transaction ID : B973D8F8E8f Amount of Each Disbursement this Period 1000.00 |
| City Jonesboro | State AR | Zip Code 72403-6716 |
| Purpose of Disbursement Contribution to Committee | | Category/ Type |
| Candidate Name Crawford, Rick, , Rep., | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: AR | District: 01 | <input type="checkbox"/> Memo Item |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. DAN CRENSHAW FOR CONGRESS | | Date of Disbursement MM / DD / YYYY 07 / 20 / 2022 |
| Mailing Address PO BOX 430965 | | FEC Identification Number C00660795 Transaction ID : B251BD6A1f Amount of Each Disbursement this Period 2500.00 |
| City Houston | State TX | Zip Code 77243-0965 |
| Purpose of Disbursement Contribution to Committee | | Category/ Type |
| Candidate Name Crenshaw, Daniel, , Rep., | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: TX | District: 02 | <input type="checkbox"/> Memo Item |

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)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <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. DARREN SOTO FOR CONGRESS | | Date of Disbursement MM / DD / YYYY 07 / 19 / 2022 |
| Mailing Address 338 N MAGNOLIA AVENUE SUITE D | | FEC Identification Number C00581074 Transaction ID : BB3D755550I Amount of Each Disbursement this Period 4000.00 |
| City Orlando | State FL | Zip Code 32801-1639 |
| Purpose of Disbursement Contribution to Committee | | Category/ Type |
| Candidate Name Soto, Darren, , Rep., | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: FL | District: 09 | <input type="checkbox"/> Memo Item |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Doggett For Us Congress | | Date of Disbursement MM / DD / YYYY 07 / 20 / 2022 |
| Mailing Address PO Box 5843 | | FEC Identification Number C00286500 Transaction ID : B2790206072 Amount of Each Disbursement this Period 4000.00 |
| City Austin | State TX | Zip Code 78763-5843 |
| Purpose of Disbursement Contribution to Committee | | Category/ Type |
| Candidate Name Doggett, Lloyd, , Rep., II | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: TX | District: 37 | <input type="checkbox"/> Memo Item |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Friends Of Dave Joyce | | Date of Disbursement MM / DD / YYYY 07 / 20 / 2022 |
| Mailing Address 320 Kenarden Dr | | FEC Identification Number C00527457 Transaction ID : BEBC3626B Amount of Each Disbursement this Period 1000.00 |
| City Highland Hts | State OH | Zip Code 44143-3710 |
| Purpose of Disbursement Contribution to Committee | | Category/ Type |
| Candidate Name Joyce, Dave, , Rep., | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: OH | District: 14 | <input type="checkbox"/> Memo Item |

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

9000.00

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. GUTHRIE FOR CONGRESS

Mailing Address PO BOX 9639

City
Bowling Green

State
KY

Zip Code
42102-9639

Purpose of Disbursement
Contribution to Committee

Candidate Name

Guthrie, Brett, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

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

FEC Identification Number

C C00445023

Transaction ID : B9697585F0F

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. 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: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: KY District: 05

Date of Disbursement

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

FEC Identification Number

C C00116632

Transaction ID : B47E17AC87!

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JOHNSON FOR CONGRESS

Mailing Address PO BOX 14496

City
Poland

State
OH

Zip Code
44514-7496

Purpose of Disbursement
Contribution to Committee

Candidate Name

Johnson, Bill, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

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

FEC Identification Number

C C00476820

Transaction ID : B168448CA7

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)..... ▶

11000.00

**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. JULIA BROWNLEY FOR CONGRESS

Mailing Address PO BOX 2018

City
Thousand Oaks

State
CA

Zip Code
91358-2018

Purpose of Disbursement
Contribution to Committee

Candidate Name

Brownley, Julia, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

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

FEC Identification Number

C C00513077

Transaction ID : BEBE965EB7

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Ken Calvert For Congress Committee

Mailing Address PO Box 20123

City
Riverside

State
CA

Zip Code
92516-0123

Purpose of Disbursement
Contribution to Committee

Candidate Name

Calvert, Ken, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: CA District: 41

Date of Disbursement

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

FEC Identification Number

C C00257337

Transaction ID : BE7EA33C1E

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kevin Mccarthy For Congress

Mailing Address PO Box 12667

City
Bakersfield

State
CA

Zip Code
93389-2667

Purpose of Disbursement
Contribution to Committee

Candidate Name

McCarthy, Kevin, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: CA District: 20

Date of Disbursement

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

FEC Identification Number

C C00420935

Transaction ID : B15E66A5FA

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)..... ▶

10000.00

**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. MARK TAKANO FOR CONGRESS

Mailing Address PO BOX 5214

City Riverside State CA Zip Code 92517-5214

Purpose of Disbursement
Contribution to Committee

Candidate Name
Takano, Mark, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022
 Primary General Other (specify) ▼

State: CA District: 39

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B385C9353E1
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Matsui For Congress

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812-1738

Purpose of Disbursement
Contribution to Committee

Candidate Name
Matsui, Doris, , Rep.,

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

State: CA District: 07

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B7214066492
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Burgess For Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202-2334

Purpose of Disbursement
Contribution to Committee

Candidate Name
Burgess, Michael, C., Rep.,

Office Sought: House Senate President
Disbursement For: 2022
 Primary General Other (specify) ▼

State: TX District: 26

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : BCF0F7EFB1
Amount of Each Disbursement this Period

Memo Item

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

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. Mike Crapo For Us Senate | | Date of Disbursement MM / DD / YYYY 07 / 20 / 2022 | |
| Mailing Address P.O. Box 1948 | | FEC Identification Number C00330886 Transaction ID : B55BF78C75 Amount of Each Disbursement this Period 1500.00 | |
| City Boise | State ID | Zip Code 83701-1948 | Category/ Type |
| Purpose of Disbursement Contribution to Committee | | | |
| Candidate Name Crapo, Mike, , Sen., | | Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Memo Item <input type="checkbox"/> | |
| State: ID | District: | | |

| | | | |
|--|--------------|--|-------------------|
| Full Name (Last, First, Middle Initial) B. MIKE KELLY FOR CONGRESS | | Date of Disbursement MM / DD / YYYY 07 / 20 / 2022 | |
| Mailing Address PO BOX 476 | | FEC Identification Number C00474189 Transaction ID : B6C5DCD710 Amount of Each Disbursement this Period 5000.00 | |
| City Lyndora | State PA | Zip Code 16045-0476 | Category/ Type |
| Purpose of Disbursement Contribution to Committee | | | |
| Candidate Name Kelly, Mike, , Rep., Jr. | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Memo Item <input type="checkbox"/> | |
| State: PA | District: 16 | | |

| | | | |
|--|--------------|--|-------------------|
| Full Name (Last, First, Middle Initial) C. Mike Rogers For Congress | | Date of Disbursement MM / DD / YYYY 07 / 20 / 2022 | |
| Mailing Address 123 East 13th Street | | FEC Identification Number C00367862 Transaction ID : BB258D4DA Amount of Each Disbursement this Period 1000.00 | |
| City Anniston | State AL | Zip Code 36201-4630 | Category/ Type |
| Purpose of Disbursement Contribution to Committee | | | |
| Candidate Name Rogers, Mike, , Rep., | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Memo Item <input type="checkbox"/> | |
| State: AL | District: 03 | | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 7500.00 |
| 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. MRVAN FOR CONGRESS

Mailing Address PO BOX 55

City
Crown Point

State
IN

Zip Code
46308-0055

Purpose of Disbursement
Contribution to Committee

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 |
| 0 | 7 | | 2 | 0 | | 2 | 0 | 2 | 2 |

FEC Identification Number

C C00727529

Transaction ID : B53ED30A46

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. RICK W. ALLEN FOR CONGRESS

Mailing Address P. O. BOX 338

City
Augusta

State
GA

Zip Code
30903-0338

Purpose of Disbursement
Contribution to Committee

Candidate Name

Allen, Rick, W., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: GA District: 12

Date of Disbursement

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

FEC Identification Number

C C00504019

Transaction ID : BEF10ED7BE

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SCOTT PETERS FOR CONGRESS

Mailing Address PO BOX 70980

City
Washington

State
DC

Zip Code
20024-0980

Purpose of Disbursement
Contribution to Committee

Candidate Name

Peters, Scott, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: CA District: 50

Date of Disbursement

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

FEC Identification Number

C C00503110

Transaction ID : B2EDA042D

Amount of Each Disbursement this Period

4000.00

Memo Item

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

7500.00

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. Stand with Sanchez

Mailing Address 1212 S. Victory Blvd

City Burbank State CA Zip Code 91502-2551

Purpose of Disbursement
Contribution to Committee

Candidate Name
Sanchez, Linda, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: CA District: 38

Date of Disbursement

MM / DD / YYYY
07 / 20 / 2022

FEC Identification Number

C C00384057

Transaction ID : B104F17C1D
Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TERRI SEWELL FOR CONGRESS

Mailing Address P.O. BOX 1964

City Birmingham State AL Zip Code 35201-1964

Purpose of Disbursement
Contribution to Committee

Candidate Name
Sewell, Terri, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: AL District: 07

Date of Disbursement

MM / DD / YYYY
07 / 20 / 2022

FEC Identification Number

C C00458976

Transaction ID : BD25DFCEEE
Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TEXANS FOR JODEY ARRINGTON

Mailing Address PO BOX 6687

City Lubbock State TX Zip Code 79493-6687

Purpose of Disbursement
Contribution to Committee

Candidate Name
Arrington, Jodey, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: TX District: 19

Date of Disbursement

MM / DD / YYYY
07 / 20 / 2022

FEC Identification Number

C C00588657

Transaction ID : B8D7FA6A5E
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)..... ▶

10000.00

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

A. Texans For Senator John Cornyn Inc

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

City Austin State TX Zip Code 78711-3026

Purpose of Disbursement
Contribution to Committee

Candidate Name
Cornyn, John, , Sen., III

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼

State: TX District:

Date of Disbursement: 07 / 20 / 2022

FEC Identification Number: **C00369033**
Transaction ID : **B37E3762D2**
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. TONY CARDENAS FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 3700 WILSHIRE BLVD SUITE 1050-B

City LOS ANGELES State CA Zip Code 20003

Purpose of Disbursement
Contribution to Committee

Candidate Name
Cardenas, Tony, , Rep.,

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

State: CA District: 29

Date of Disbursement: 07 / 20 / 2022

FEC Identification Number: **C00498873**
Transaction ID : **BC9A665928I**
Amount of Each Disbursement this Period: 4000.00

Memo Item

C. TUBERVILLE FOR SENATE, INC.

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 3071

City Auburn State AL Zip Code 36831-3071

Purpose of Disbursement
Contribution to Committee

Candidate Name
Tuberville, Tommy, , Sen.,

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼

State: AL District:

Date of Disbursement: 07 / 20 / 2022

FEC Identification Number: **C00701672**
Transaction ID : **B6A6754FF7**
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

7500.00

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. Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City
Sarasota

State
FL

Zip Code
34230-5928

Purpose of Disbursement
Contribution to Committee

Candidate Name

Buchanan, Vern, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: FL District: 16

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 1 | 9 | | 2 | 0 | 2 | 2 |

FEC Identification Number

C C00412759

Transaction ID : BB4621544F

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City
Sarasota

State
FL

Zip Code
34230-5928

Purpose of Disbursement
Contribution to Committee

Candidate Name

Buchanan, Vern, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: FL District: 16

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 1 | 9 | | 2 | 0 | 2 | 2 |

FEC Identification Number

C C00412759

Transaction ID : B9A4C29BE9

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Vote to Elect Republicans Now PAC

Mailing Address 22780 Indian Creek Drive
Ste 100

City
Dulles

State
VA

Zip Code
20166-6716

Purpose of Disbursement
Contribution to Committee

Candidate Name

Vote to Elect Republicans Now PAC

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: District: Other

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 1 | 9 | | 2 | 0 | 2 | 2 |

FEC Identification Number

C C00431403

Transaction ID : B810E8E1F1

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Walorski For Congress Inc

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 20 | | 2022 |

Mailing Address PO Box 954

City
Mishawaka

State
IN

Zip Code
46546-0954

FEC Identification Number

C C00468579

Transaction ID : B78E2B3C82

Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement
Contribution to Committee

Category/Type

Candidate Name

Walorski, Jackie, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: IN District: 02

Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City

State

Zip Code

FEC Identification Number

C

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City

State

Zip Code

FEC Identification Number

C

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Memo Item

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

4000.00

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

121000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | | |
|---|--|--|------------------------------------|
| Full Name (Last, First, Middle Initial) A. Branca, Maria, A., Dr., | | Date of Disbursement MM / DD / YYYY 07 / 20 / 2022 | |
| Mailing Address 909 Midland Ave. | | FEC Identification Number C [] Transaction ID : BC65751A47I Amount of Each Disbursement this Period [] 250.00 | |
| City Yonkers | State NY | Zip Code 10704-1092 | Category/ Type [] |
| Purpose of Disbursement Refund of 06/03/2022 Contribution | | Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | State: District: | <input type="checkbox"/> Memo Item |

| | | | |
|---|--|--|------------------------------------|
| Full Name (Last, First, Middle Initial) B. Pantiel, Derek, T., Dr., | | Date of Disbursement MM / DD / YYYY 07 / 26 / 2022 | |
| Mailing Address Summit Podiatry 1602 Doctor's Cir. | | FEC Identification Number C [] Transaction ID : B83C498BEF! Amount of Each Disbursement this Period [] 500.00 | |
| City Wilmington | State NC | Zip Code 28401-7406 | Category/ Type [] |
| Purpose of Disbursement Refund of 7/26/2022 Contribution | | Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | State: District: | <input type="checkbox"/> Memo Item |

| | | | |
|---|--|--|------------------------------------|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement MM / DD / YYYY [] / [] / [] | |
| Mailing Address | | FEC Identification Number C [] Amount of Each Disbursement this Period [] | |
| City | State | Zip Code | Category/ Type [] |
| Purpose of Disbursement | | Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | State: District: | <input type="checkbox"/> Memo Item |

| | |
|--|------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | [] 750.00 |
| TOTAL This Period (last page this line number only).....▶ | [] 750.00 |