

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period  /  /  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:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2024"/>		101135.56
(b) Cash on Hand at Beginning of Reporting Period.....	113172.89	
(c) Total Receipts (from Line 19) .....	3520.76	109469.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	116693.65	210604.70
7. Total Disbursements (from Line 31).....	404.44	94315.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	116289.21	116289.21
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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](http://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: 04 / 01 / 2024 To: 04 / 30 / 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).....	2348.84	85961.70
(ii) Unitemized.....	1171.92	22506.56
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3520.76	108468.26
(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).....▶	3520.76	108468.26
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)).....▶	3520.76	109469.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3520.76	109469.14

**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 .....	404.44	2465.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	404.44	2465.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	91500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	350.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	350.00
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)) ..	404.44	94315.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	404.44	94315.49

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3520.76	108468.26
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	350.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3520.76	108118.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	404.44	2465.49
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	404.44	2465.49

# 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 10  
(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. Behre, Deborah, , Dr.,**

Mailing Address **P.O. Box 14653**

City **Tumwater**   State **WA**   Zip Code **98511-4653**

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

Name of Employer (for Individual) **Tumwater Family Foot & Ankle Center**   Occupation (for Individual) **Podiatric Physician**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**04 / 26 / 2024**

**Transaction ID : A69D8654CF096492EBAE**

Amount of Each Receipt this Period  
**250.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Cloud, Evelyn, M., Dr., IV**

Mailing Address **8211 Mar Del Plata St. E.**

City **Jacksonville**   State **FL**   Zip Code **32256-7349**

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  
**04 / 17 / 2024**

**Transaction ID : ACA80DAC66EC4497A979**

Amount of Each Receipt this Period  
**500.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Ginex, Steven, L., Dr.,**

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 ▼ **320.00**

Date of Receipt  
**04 / 30 / 2024**

**Transaction ID : A65C8E0FB1AC049E8AEC**

Amount of Each Receipt this Period  
**80.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **830.00**

**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 10
	<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. 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 ▼ 1200.00

Date of Receipt 04 / 03 / 2024  
**Transaction ID : AF9B1E947C3EB47E8AA0**  
 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 ▼ 340.00

Date of Receipt 04 / 13 / 2024  
**Transaction ID : A1F7D3B1B35984E6A845**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Sterling, Harold, D., Dr., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6452 Millennium Dr. #130  
 City Lansing    State MI    Zip Code 48917-7881  
 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 ▼ 325.00

Date of Receipt 04 / 17 / 2024  
**Transaction ID : AF1B3275CF5174C8FA78**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	710.00
<b>TOTAL</b> 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 10
<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. Stones, Gary, F., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **Island Podiatry Associates**  
**1575 Hillside Ave. #104**  
 City **New Hyde Park** State **NY** Zip Code **11040**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **Self Employed** Occupation (for Individual) **Podiatric Physician**  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 24 / 2024**  
**Transaction ID : A704706E8F9A141D3B9D**  
 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) **Austin Foot and Ankle Specialists** Occupation (for Individual) **Podiatric Physician**  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 04 / 2024**  
**Transaction ID : AF023A285476042A18D9**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**C. 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 **250.00**

Date of Receipt **04 / 11 / 2024**  
**Transaction ID : A77229D19F9C84CF689C**  
 Amount of Each Receipt this Period **125.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>725.00</b>
<b>TOTAL</b> 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 9 OF 10  
(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. Tower, Dyane, E., Dr.,**

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 ▼  
335.36

Date of Receipt  
MM / DD / YYYY  
04 / 11 / 2024

**Transaction ID : AD72D3B9583834AB1BD1**

Amount of Each Receipt this Period  
83.84

Memo Item

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

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  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

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  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	83.84
<b>TOTAL</b> This Period (last page this line number only).....▶	2348.84

**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

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 (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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	9			2	0	2	4		

FEC Identification Number

**C**

**Transaction ID : B02944E6D4I**

Amount of Each Disbursement this Period

252.65

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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	7			2	0	2	4		

FEC Identification Number

**C**

**Transaction ID : BAD8DFA9E4**

Amount of Each Disbursement this Period

96.04

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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0			2	0	2	4		

FEC Identification Number

**C**

**Transaction ID : B6D38C8009**

Amount of Each Disbursement this Period

28.75

Memo Item

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

377.44

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

377.44