

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on 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 M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y  
11 01 2019 through 11 30 2019

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

Signature of Treasurer Simon, Janet, , Dr., [Electronically Filed] Date 12 18 2019

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="2019"/>	<input type="text" value="326211.56"/>	<input type="text" value="326211.56"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="592135.18"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="10153.52"/>	<input type="text" value="304077.14"/>
(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="602288.70"/>	<input type="text" value="630288.70"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="138525.00"/>	<input type="text" value="166525.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="463763.70"/>	<input type="text" value="463763.70"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

Write or Type Committee Name

**American Podiatric Medical Association Political Action Committee**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6213.33	203966.97
(ii) Unitemized .....	3940.19	100110.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	10153.52	304077.14
(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) .....	10153.52	304077.14
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)).....▶	10153.52	304077.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	10153.52	304077.14

**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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	138500.00	166500.00
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 .....	25.00	25.00
(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)).....	25.00	25.00
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)) ..	138525.00	166525.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	138525.00	166525.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	10153.52	304077.14
34. Total Contribution Refunds (from Line 28(d)) .....	25.00	25.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10128.52	304052.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**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 30
	<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. Aelony, Jared, Sundvisson, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18225 Sunshine Dr.  
 City Detroit Lakes State MN Zip Code 56501-7947  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 11 / 14 / 2019  
**Transaction ID : AEB69DE0023E54FC1AAD**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Ajlouny, Martha, Jullie, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Greensboro Podiatry Associates, P. 530 N. Elam Ave. #A  
 City Greensboro State NC Zip Code 27403-1139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Instride Greensboro Podiatry Associate Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 330.00

Date of Receipt 11 / 10 / 2019  
**Transaction ID : A63DCB610BD424F6C94B**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Alexander, Neville, Anthony, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 535 Aston Hall Way  
 City Alpharetta State GA Zip Code 30022-6634  
 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 225.00

Date of Receipt 11 / 21 / 2019  
**Transaction ID : A138CA000028E4B7395D**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1055.00
<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 7 OF 30
	<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. Alston, Johnnie, L., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Institute for Advanced Wound Care  
 2167 Normandie Dr.  
 City Montgomery State AL Zip Code 36111-2728  
 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 ▼ 750.00

Date of Receipt **11 / 03 / 2019**  
**Transaction ID : AD3A75680A9F14347B41**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Bhatia, Animesh, S., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 117 Lazelle Rd. E #B  
 City Columbus State OH Zip Code 43235-8605  
 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 ▼ 600.00

Date of Receipt **11 / 27 / 2019**  
**Transaction ID : AA2FA930D131F49BE966**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. Bocko, Alan, P., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Chapel Hill Foot & Ankle Assoc.  
 1506 E. Franklin St. #104  
 City Chapel Hill State NC Zip Code 27514-2825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Chapel Hill Foot & Ankle Assoc. Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 500.00

Date of Receipt **11 / 02 / 2019**  
**Transaction ID : AFDE2647D4E904146B0F**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<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 30
	<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. Brown, H., F., Dr., III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2001 Georgia Ave.

City Little Rock	State AR	Zip Code 72207-5014
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2019

**Transaction ID : AC9BAB367C18747D98C8**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address Ark LA Tex Foot Specialists, LLC  
385 Bert Kouns #200

City Shreveport	State LA	Zip Code 71106
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ark LA TexFoot Specialists, LLC	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2019

**Transaction ID : A60CA874E65F7487C9EF**

Amount of Each Receipt this Period  
100.00

Memo Item

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
1650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2019

**Transaction ID : A77332F4B9EB847DD807**

Amount of Each Receipt this Period  
150.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<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 9 OF 30
<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. Emimi, Diana, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **DM Foot & Ankle Associates**  
14236 McCarthy Rd.

City **Lemont** State **IL** Zip Code **60439**

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

Name of Employer (for Individual) **DM Foot & Ankle Associates** Occupation (for Individual) **Podiatric Physician**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **11 / 08 / 2019**

**Transaction ID : A9044F322BD7243029F7**

Amount of Each Receipt this Period **500.00**

Memo Item

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

Mailing Address **Sarasota Footcare Center**  
1921 Waldemere St. #106

City **Sarasota** State **FL** Zip Code **34239-2941**

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 ▼ **1000.00**

Date of Receipt **11 / 04 / 2019**

**Transaction ID : A7662EB3031414C689BB**

Amount of Each Receipt this Period **100.00**

Memo Item

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

Mailing Address **77685 Justin Ct.**

City **Palm Desert** State **CA** Zip Code **92211-6238**

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **11 / 10 / 2019**

**Transaction ID : A9825B2CF9EC1489CB86**

Amount of Each Receipt this Period **50.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>650.00</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: (check only one)	PAGE 10 OF 30
<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. Goldsmith, Jon, R., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7710 N. 127th Ave.

City Omaha	State NE	Zip Code 68142-1720
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2019

**Transaction ID : A1C71D0EE465B426B8ED**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 516 W. County Rd. 700 N.

City Brazil	State IN	Zip Code 47834-8264
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Clay County Podiatry	Occupation (for Individual) Podiatric Physician
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2019

**Transaction ID : AB33CACB0179440B5ABB**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 3616 E. 1st St.

City Los Angeles	State CA	Zip Code 90063-2326
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2019

**Transaction ID : A5A9703D19C1F4E66BFB**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	775.00
<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 11 OF 30
<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. Kim, Michelle, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address DM Foot & Ankle Assoc.  
14236 McCarthy Rd.

City Lemont	State IL	Zip Code 60439
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2019

**Transaction ID : A254464EFEB97498FBC1**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

City Bloomington	State IL	Zip Code 61704-7775
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
916.63

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2019

**Transaction ID : A2D6E389C41624E4FB08**

Amount of Each Receipt this Period  
83.33

Memo Item

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

Mailing Address 4664 N. Lake Dr.

City Whitefish Bay	State WI	Zip Code 53211-1254
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Northwest Surgery Center	Occupation (for Individual) Podiatric Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2019

**Transaction ID : AAEE6335F9E384FB483A**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	883.33
<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 12 OF 30
	<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. McDonough, Michael, W., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 4211

City Ormond Beach	State FL	Zip Code 32175-4211
----------------------	-------------	------------------------

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  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 04 / 2019

**Transaction ID : A43F51D28FA1A49E09DE**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Naylor, Brad, L.Z., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 140 Sheridan Way

City Woodside	State CA	Zip Code 94062-2346
------------------	-------------	------------------------

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

Name of Employer (for Individual) Palo Alto Medical Foundation	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  
 11 / 08 / 2019

**Transaction ID : AC020F7C036284F56B7A**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Ollerton, Matthew, G., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 519 S. 1800 E.

City Springville	State UT	Zip Code 84663-2610
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2019

**Transaction ID : AB26EB49A0A414417809**

Amount of Each Receipt this Period  
30.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	780.00
<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 13 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Preece, Daniel, L., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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

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

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
11	/	21	/	2019

**Transaction ID : A6D04F94289914670B8A**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 825 Nicollet Mall #441

City Minneapolis	State MN	Zip Code 55402-2611
---------------------	-------------	------------------------

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  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2019

**Transaction ID : A5091B7B60E4443BBA79**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 31524 Lowry Cir.

City Cushing	State MN	Zip Code 56443-2087
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Lakewood Health Systems	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2019

**Transaction ID : AB759E44D876B48E788C**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<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 14 OF 30
	<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. Spohn-Gross, Holly, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3369 Essex Junction Ct.

City Thousand Oaks	State CA	Zip Code 91362
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2019

**Transaction ID : A9F8E9A2321254B5DA1A**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 3955 Patient Care Way

City Lansing	State MI	Zip Code 48911-4299
-----------------	-------------	------------------------

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  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2019

**Transaction ID : A03DFDF5268184F90850**

Amount of Each Receipt this Period  
- 12.50

Memo Item  
Refund of donation originally reported September Monthly report

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

Mailing Address 3955 Patient Care Way

City Lansing	State MI	Zip Code 48911-4299
-----------------	-------------	------------------------

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  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2019

**Transaction ID : ACF2CA45B1DB34B1EB1C**

Amount of Each Receipt this Period  
- 12.50

Memo Item  
Refund of donation originally reported October Monthly report

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<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 15 OF 30
	<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. Thomajan, Craig, H., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Austin Foot & Ankle Specialists  
 5000 Bee Cave Rd. #202  
 City Austin State TX Zip Code 78746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Austin Foot & Ankle Specialists Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 27 / 2019  
**Transaction ID : AD5206619A6604C60B39**  
 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 11 / 28 / 2019  
**Transaction ID : A8547171CD3AB4A6DB84**  
 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 ▼ 900.00

Date of Receipt 11 / 15 / 2019  
**Transaction ID : AA7B4B0BBA1924C6FA24**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<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 16 OF 30
	<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. Winkelbach, Wendy, Sue, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Southside Foot Clinic  
 33 E. County Line Rd. #B  
 City Greenwood    State IN    Zip Code 46143-1078  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southside Foot Clinic    Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 15 / 2019  
**Transaction ID : A041CB72774CB413DA50**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Woelffer, Kirk, Eiel, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Raleigh Foot & Ankle Center  
 1418 E. Millbrook Rd.  
 City Raleigh    State NC    Zip Code 27609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Raleigh Foot Center    Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 05 / 2019  
**Transaction ID : A4797FFE055A44CECBD9**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Zdancewicz, Alissa, Berner, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15302 Searobbin Dr.  
 City Bradenton    State FL    Zip Code 34202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed    Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt 11 / 16 / 2019  
**Transaction ID : A976FE6A02E30480D81B**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	370.00
<b>TOTAL</b> This Period (last page this line number only).....	6213.33

**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. ALAMO PAC**

Mailing Address 919 CONGRESS AVE  
SUITE 1400

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
2019 LPAC Support (Cornyn)

Candidate Name  
**ALAMO PAC**

Office Sought:  House  Senate  President  
Disbursement For: 2019  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 25 / 2019

FEC Identification Number

**C** C00387464  
**Transaction ID : B9C8876591C**  
Amount of Each Disbursement this Period  
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICA WORKS FEDERAL PAC**

Mailing Address 918 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
2019 LPAC Support (Brown)

Candidate Name  
**AMERICA WORKS FEDERAL PAC**

Office Sought:  House  Senate  President  
Disbursement For: 2019  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 25 / 2019

FEC Identification Number

**C** C00331694  
**Transaction ID : B2513D0ECA**  
Amount of Each Disbursement this Period  
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. AmeriPAC**

Mailing Address 499 South Capitol Street, SW  
Suite 414

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2019 LPAC Support (Hoyer)

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2019  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 25 / 2019

FEC Identification Number

**C**  
**Transaction ID : BD8DD4B8C**  
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)..... ▶

7500.00

**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) <b>A. ATHENA PAC</b>		Date of Disbursement MM / DD / YYYY 11 / 25 / 2019
Mailing Address 301 W PLATT ST #385		FEC Identification Number C 00526301 <b>Transaction ID : B7A39D4933I</b> Amount of Each Disbursement this Period 2500.00
City TAMPA	State FL	Zip Code 33606
Purpose of Disbursement 2019 LPAC Support (Castor)		Category/ Type
Candidate Name <b>ATHENA PAC</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Other	

Full Name (Last, First, Middle Initial) <b>B. BILL CASSIDY FOR US SENATE</b>		Date of Disbursement MM / DD / YYYY 11 / 01 / 2019
Mailing Address PO BOX 80505		FEC Identification Number C 00543983 <b>Transaction ID : B2635F207F9</b> Amount of Each Disbursement this Period 5000.00
City BATON ROUGE	State LA	Zip Code 70898
Purpose of Disbursement 2020 Primary Support		Category/ Type
Candidate Name <b>Cassidy, Bill, , Sen.,</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: LA District:		

Full Name (Last, First, Middle Initial) <b>C. BRETT PAC-THE LEADERSHIP PAC OF U.S. REPRESENTATIVE BRETT GUTHRIE</b>		Date of Disbursement MM / DD / YYYY 11 / 01 / 2019
Mailing Address 504 DEREK AVENUE		FEC Identification Number C 00483487 <b>Transaction ID : BF3634AFC8</b> Amount of Each Disbursement this Period 2500.00
City ELIZABETHTOWN	State KY	Zip Code 42701
Purpose of Disbursement 2019 LPAC Support		Category/ Type
Candidate Name BRETT PAC-THE LEADERSHIP PAC OF U.S. REPRESENTATIVE BRETT GUTHRIE		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Other	

**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. BUILDING AND RESTORING THE AMERICAN DREAM FUND**

Mailing Address PO BOX 30844

City  
BETHESDA

State  
MD

Zip Code  
20824

Purpose of Disbursement  
2019 LPAC Support - Wenstrup

Candidate Name

**BUILDING AND RESTORING THE AMERICAN DREAM FUND**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2019  
 Primary  General  
 Other (specify) **Other**

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2019			

FEC Identification Number

**C** C00590356

**Transaction ID : BDF6C6AC5f**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BULLDOG PAC**

Mailing Address 228 S WASHINGTON STREET SUITE 115

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
2019 LPAC Support (Arrington)

Candidate Name

**BULLDOG PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2019  
 Primary  General  
 Other (specify) **Other**

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			25			2019			

FEC Identification Number

**C** C00672733

**Transaction ID : BAF74C8881f**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Carper For Senate**

Mailing Address 19 East Commons Blvd Second Floor

City  
New Castle

State  
DE

Zip Code  
19720

Purpose of Disbursement  
2024 Primary Election Support

Candidate Name

**Carper, Tom, R., Sen.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) **Other**

State: DE District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			25			2019			

FEC Identification Number

**C** C00349217

**Transaction ID : B4F8511C19**

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)..... ▶

12500.00

**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) <b>A. Committee To Re-Elect Linda Sanchez</b>		Date of Disbursement MM / DD / YYYY 11 / 19 / 2019
Mailing Address 1212 S. Victory Blvd		FEC Identification Number C00384057 <b>Transaction ID : BBCD6FF47F</b> Amount of Each Disbursement this Period 2500.00
City Burbank	State CA	Zip Code 91502
Purpose of Disbursement 2020 General Election Support		Category/ Type
Candidate Name <b>Sanchez, Linda, , Rep.,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 38	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Committee To Re-Elect Linda Sanchez</b>		Date of Disbursement MM / DD / YYYY 11 / 01 / 2019
Mailing Address 1212 S. Victory Blvd		FEC Identification Number C00384057 <b>Transaction ID : B5905D23692</b> Amount of Each Disbursement this Period 2500.00
City Burbank	State CA	Zip Code 91502
Purpose of Disbursement 2020 General Support		Category/ Type
Candidate Name <b>Sanchez, Linda, , Rep.,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 38	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Committee To Re-Elect Linda Sanchez</b>		Date of Disbursement MM / DD / YYYY 11 / 01 / 2019
Mailing Address 1212 S. Victory Blvd		FEC Identification Number C00384057 <b>Transaction ID : B259CA08B3</b> Amount of Each Disbursement this Period 5000.00
City Burbank	State CA	Zip Code 91502
Purpose of Disbursement 2020 Primary Support		Category/ Type
Candidate Name <b>Sanchez, Linda, , Rep.,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 38	<input type="checkbox"/> Memo Item

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

10000.00

**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. CONTINUING AMERICA'S STRENGTH AND SECURITY PAC**

Mailing Address PO BOX 80505

City  
BATON ROUGE

State  
LA

Zip Code  
70898

Purpose of Disbursement  
2019 LPAC Support

Candidate Name

CONTINUING AMERICA'S STRENGTH AND SECURITY PAC

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2019  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2019			

FEC Identification Number

**C** C00480228

**Transaction ID : B96EA90656/**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Democratic Senatorial Campaign Committee**

Mailing Address 120 Maryland Avenue, NE

City  
Washington

State  
DC

Zip Code  
20002-5610

Purpose of Disbursement  
2019 National Party Support

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2019  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2019			

FEC Identification Number

**C**

**Transaction ID : B2BF55C391I**

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. DEMOCRATS RESHAPING AMERICA (DREAMPAC)**

Mailing Address PO BOX 83142

City  
GAITHERSBURG

State  
MD

Zip Code  
20883

Purpose of Disbursement  
2019 LPAC Support - Sanchez

Candidate Name

DEMOCRATS RESHAPING AMERICA (DREAMPAC)

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2019  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2019			

FEC Identification Number

**C** C00423079

**Transaction ID : BC5327B05A**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

20000.00

**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**

**A. First State PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 3006

City Newport State DE Zip Code 19804

Purpose of Disbursement  
2019 LPAC Support (Carper)

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2019  Primary  General  Other (specify)  Other

State: District:

Date of Disbursement: 11 / 25 / 2019

FEC Identification Number: C  
Transaction ID : B13F7F172D  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. GREAT LAKES PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 1295

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement  
2019 LPAC Support - Stabenow

Candidate Name  
**GREAT LAKES PAC**

Office Sought:  House  Senate  President  
Disbursement For: 2019  Primary  General  Other (specify)  Other

State: District:

Date of Disbursement: 11 / 01 / 2019

FEC Identification Number: C  
C00375584  
Transaction ID : B3A8EA0F66!  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. Green Mountain PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 10 G Street, NE Suite 470

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2019 LPAC Support (Leahy)

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2019  Primary  General  Other (specify)  Other

State: District:

Date of Disbursement: 11 / 25 / 2019

FEC Identification Number: C  
Transaction ID : B67FD5190B  
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. Hawkeye PAC, The**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 7255

City Des Moines State IA Zip Code 50309

Purpose of Disbursement 2019 LPAC Support (Grassley)

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2019  Primary  General  Other (specify) Other

State: District:

Date of Disbursement: 11 / 25 / 2019

FEC Identification Number: C

Transaction ID : B69499F393A

Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. IMPACT**

Full Name (Last, First, Middle Initial)

Mailing Address 509 Madison Ave. Suite 1902

City New York State NY Zip Code 10022

Purpose of Disbursement 2019 LPAC Support - Schumer

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2019  Primary  General  Other (specify) Other

State: District:

Date of Disbursement: 11 / 01 / 2019

FEC Identification Number: C

Transaction ID : BD6D1C30D2

Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. JUMP INTO ACTION FOR CONSERVATIVES TO KEEP OUR IDEAS ELEVATED PAC**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 26141

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement 2019 LPAC Support (Walorski)

Candidate Name JUMP INTO ACTION FOR CONSERVATIVES TO KEEP OUR IDEAS ELEVATED PAC

Office Sought:  House  Senate  President

Disbursement For: 2019  Primary  General  Other (specify) Other

State: District:

Date of Disbursement: 11 / 25 / 2019

FEC Identification Number: C C00582726

Transaction ID : B90EE03D91

Amount of Each Disbursement this Period: 2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 10000.00

**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**

**A. Lone Star Leadership PAC**

Full Name (Last, First, Middle Initial)

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement 2019 LPAC Support - Burgess

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2019  Primary  General  Other (specify) Other

State: District:

Date of Disbursement: 11 / 22 / 2019

FEC Identification Number: C

Transaction ID : **BD9589CFD6**

Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. MAGGIE FOR NH**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 298

City CONCORD State NH Zip Code 03302

Purpose of Disbursement 2022 General Election Support

Candidate Name Hassan, Maggie, , Sen.,

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify)

State: NH District:

Date of Disbursement: 11 / 01 / 2019

FEC Identification Number: C

Transaction ID : **BF811D46FA**

Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. MAKING AMERICA PROSPEROUS PAC**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement 2019 LPAC Support (Brady)

Candidate Name MAKING AMERICA PROSPEROUS PAC

Office Sought:  House  Senate  President

Disbursement For: 2019  Primary  General  Other (specify) Other

State: District:

Date of Disbursement: 11 / 25 / 2019

FEC Identification Number: C

Transaction ID : **B5DD739E3E**

Amount of Each Disbursement this Period: 2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 10000.00

**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. Nancy Pelosi For Congress**

Mailing Address 700 13th Street, Nw  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2020 Primary Election Support

Candidate Name  
**Pelosi, Nancy, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: CA District: 12

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 01 / 2019

FEC Identification Number

**C** C00213512  
**Transaction ID : BF1CD7DA4**  
Amount of Each Disbursement this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. NEW ECONOMY PAC**

Mailing Address PO BOX 75357

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement  
2019 LPAC Support (Higgins)

Candidate Name  
**NEW ECONOMY PAC**

Office Sought:  House  Senate  President  
Disbursement For: 2019  Primary  General  Other (specify) Other

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 25 / 2019

FEC Identification Number

**C** C00489831  
**Transaction ID : B6310B2FFF**  
Amount of Each Disbursement this Period  
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. OCEANS PAC**

Mailing Address 700 13TH STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
2019 LPAC Support (Whitehouse)

Candidate Name  
**OCEANS PAC**

Office Sought:  House  Senate  President  
Disbursement For: 2019  Primary  General  Other (specify) Other

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 25 / 2019

FEC Identification Number

**C** C00431601  
**Transaction ID : BF2AFBCE2**  
Amount of Each Disbursement this Period  
2500.00

Memo Item

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

10000.00

**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. PAC to the Future**

Mailing Address 430 South Capitol Street, SE  
First Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2019 LPAC Support (Pelosi)

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2019  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 25 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : B6E0337C7F1

Amount of Each Disbursement this Period

[REDACTED] 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Pascrell for Congress, Inc.**

Mailing Address PO Box 100

City Teaneck State NJ Zip Code 07666-0100

Purpose of Disbursement  
2020 Primary Election Support

Candidate Name

**Pascrell, Bill, J., Rep., Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: NJ District: 09

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2019

FEC Identification Number

C C00313510

Transaction ID : B2C3FAB172

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. SAC PAC**

Mailing Address PO BOX 83142

City GAITHERSBURG State MD Zip Code 20883

Purpose of Disbursement  
2019 LPAC Support (Matsui)

Candidate Name

**SAC PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2019  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 25 / 2019

FEC Identification Number

C C00165548

Transaction ID : B67B4EB1D

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

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

[REDACTED] 10000.00

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

[REDACTED]

**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. SCALISE FOR CONGRESS**

Mailing Address PO BOX 23219

City  
JEFFERSON

State  
LA

Zip Code  
70183-3219

Purpose of Disbursement  
2020 General Election Support

Candidate Name  
**Scalise, Steve, J., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			22			2019			

FEC Identification Number

**C** C00394957

**Transaction ID : BD3BB8EFEf**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. SCALISE FOR CONGRESS**

Mailing Address PO BOX 23219

City  
JEFFERSON

State  
LA

Zip Code  
70183-3219

Purpose of Disbursement  
2020 Primary Election Support

Candidate Name  
**Scalise, Steve, J., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: LA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			22			2019			

FEC Identification Number

**C** C00394957

**Transaction ID : B8AF29EFCE**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Stabenow For Us Senate**

Mailing Address P.O. Box 4945

City  
East Lansing

State  
MI

Zip Code  
48826

Purpose of Disbursement  
2024 Primary Election Support

Candidate Name  
**Stabenow, Debbie, A., Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: MI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2019			

FEC Identification Number

**C** C00344473

**Transaction ID : B8C407F16C**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

15000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. STEPHANIE MURPHY FOR CONGRESS**

Mailing Address PO BOX 205

City  
WINTER PARK

State  
FL

Zip Code  
32790

Purpose of Disbursement  
2020 General Election Support

Candidate Name

**Murphy, Stephanie, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: FL District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			22			2019			

FEC Identification Number

**C** C00620443

**Transaction ID : BD0DA93389**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. STEPHANIE MURPHY FOR CONGRESS**

Mailing Address PO BOX 205

City  
WINTER PARK

State  
FL

Zip Code  
32790

Purpose of Disbursement  
2020 Primary Election Support

Candidate Name

**Murphy, Stephanie, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: FL District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			22			2019			

FEC Identification Number

**C** C00620443

**Transaction ID : B2344A29E51**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Synergy PAC**

Mailing Address 6849 Old Dominion Dr., Ste 222

City  
McLean

State  
VA

Zip Code  
22101

Purpose of Disbursement  
2019 LPAC Support (Larson)

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2019  
 Primary  General  
 Other (specify) ▼  
Other

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			25			2019			

FEC Identification Number

**C**

**Transaction ID : B946062CCE**

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)..... ▶

12500.00

# 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. TERRI SEWELL FOR CONGRESS

Mailing Address P.O. BOX 1964

City  
BIRMINGHAM

State  
AL

Zip Code  
35201

Purpose of Disbursement  
2020 Primary Support

Candidate Name

**Sewell, Terri, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: AL District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2019			

FEC Identification Number

**C** C00458976

**Transaction ID : B5D33FDB3C**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

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

1000.00

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

138500.00

**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) <b>A. Stines, Ingrid, M., Dr.,</b>		Date of Disbursement MM / DD / YYYY 11 / 19 / 2019	
Mailing Address 3955 Patient Care Way		FEC Identification Number C [ ] <b>Transaction ID : BE3BFE5B7F</b> Amount of Each Disbursement this Period [ ] 12.50	
City Lansing	State MI	Zip Code 48911-4299	Category/ Type [ ]
Purpose of Disbursement Refund		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Stines, Ingrid, M., Dr.,</b>		Date of Disbursement MM / DD / YYYY 11 / 19 / 2019	
Mailing Address 3955 Patient Care Way		FEC Identification Number C [ ] <b>Transaction ID : B6694BEC32I</b> Amount of Each Disbursement this Period [ ] 12.50	
City Lansing	State MI	Zip Code 48911-4299	Category/ Type [ ]
Purpose of Disbursement Refund		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C.</b>		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 25.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 25.00