

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 Bethesda MD 20814-1621

2. FEC IDENTIFICATION NUMBER C C00008839 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20 [X], Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 02 01 2022 through 02 28 2022

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

Signature of Treasurer McCann, William, N., Dr. [Electronically Filed] Date 03 09 2022

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--|--|
| 6. (a) Cash on Hand January 1, <input type="text" value="2022"/> | <input type="text" value="476859.78"/> | <input type="text" value="476859.78"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="516155.54"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="39636.20"/> | <input type="text" value="82172.79"/> |
| (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="555791.74"/> | <input type="text" value="559032.57"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="975.16"/> | <input type="text" value="4215.99"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="554816.58"/> | <input type="text" value="554816.58"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: 02 / 01 / 2022 To: 02 / 28 / 2022

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 30092.66 | 57609.32 |
| (ii) Unitemized | 9543.54 | 24563.47 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 39636.20 | 82172.79 |
| (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) | 39636.20 | 82172.79 |
| 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)).....▶ | 39636.20 | 82172.79 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 39636.20 | 82172.79 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| 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 | 975.16 | 1715.99 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 975.16 | 1715.99 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 2500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 0.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 975.16 | 4215.99 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 975.16 | 4215.99 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 39636.20 | 82172.79 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 39636.20 | 82172.79 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 975.16 | 1715.99 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 975.16 | 1715.99 |

**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 26 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

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

City Chapel Hill State NC Zip Code 27514-3616

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **02 / 27 / 2022**

Transaction ID : A1CC22C6293864CF3A19

Amount of Each Receipt this Period **750.00**

Memo Item

B. Bisbee, Brooke, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Family Foot Health Center PA
 200 S 20th St

City Rogers State AR Zip Code 72758

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

Name of Employer (for Individual) Family Foot Health Center, P.A. Occupation (for Individual) Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **02 / 11 / 2022**

Transaction ID : A620D3E26AC6E4E38850

Amount of Each Receipt this Period **1000.00**

Memo Item

C. Block, Mark, S., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 660 Glades Rd. #120

City Boca Raton State FL Zip Code 33431-6466

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **02 / 01 / 2022**

Transaction ID : A36AE3012CCE94DB8B88

Amount of Each Receipt this Period **300.00**

Memo Item

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 2050.00 |
| 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 26 |
| <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. Bohm, Jaclyn, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Fairview Burnsville Specialty Clin
 Suite 300
 City Burnsville State MN Zip Code 55337
 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 02 / 08 / 2022
Transaction ID : A37DB100814F24F97B02
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Branks, Diane, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Diane D. Branks, DPM
 9 La Torre Drive
 City Pomona State CA Zip Code 91766-4876
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 12 / 2022
Transaction ID : A954E6FFEC8DE4DFCA8D
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Campbell, Leslie, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 Raintree Cir. #200
 City Allen State TX Zip Code 75013-4902
 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 ▼ 2000.00

Date of Receipt 02 / 08 / 2022
Transaction ID : A7A924BC8E68F4A3C961
 Amount of Each Receipt this Period 2000.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2800.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 26 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Cavaliere, Raymond, G., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 E. 28th St. #1A
 City New York State NY Zip Code 10016-8538
 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 501.00

Date of Receipt 02 / 14 / 2022
Transaction ID : A67F48D50400E406091B
 Amount of Each Receipt this Period 501.00
 Memo Item

B. Christina, James, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9312 Old Georgetown Road
 City Bethesda State MD Zip Code 20814-1621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APMA Occupation (for Individual) Executive Director/CEO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 12 / 2022
Transaction ID : A91951F33F43E41D3812
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Cohen, Andrew, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Mid-MI Foot & Ankle Center 4224 State St.
 City Saginaw State MI Zip Code 48603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mid-MI Foot & Ankle Center Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 02 / 18 / 2022
Transaction ID : A285A18B3C9A942B0959
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1751.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 9 OF 26 |
| <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. Cornelison, Michael, Joseph, Dr., DPM
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Foot and Ankle Assoc.
 10353 Torre Ave. #C
 City Cupertino State CA Zip Code 95014-3217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Foot and Ankle Associates Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 12 / 2022
Transaction ID : AB788286DBB3941B6925
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Cornell, Brian, W., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Algonquin Dr.
 City Middletown State RI Zip Code 02842-4573
 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 02 / 22 / 2022
Transaction ID : A4179DDBDB4AE463D9CA
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Courtney, Stuart, Alan, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1250 E Hallandale Beach Blvd
 Ste 1005A
 City Hallandale Beach State FL Zip Code 33009-4636
 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 02 / 02 / 2022
Transaction ID : A41314E9F45764A7E96F
 Amount of Each Receipt this Period 1000.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2300.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 10 OF 26 |
| <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. Dabdoub, William, H., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1150 Robert Blvd. #190

| | | |
|-----------------|-------------|------------------------|
| City Slidell | State LA | Zip Code 70458-2064 |
|-----------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Slidell Memorial Hospital | Occupation (for Individual) Podiatric Physician |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 22 | / | 2022 |

Transaction ID : ACD387FA63809462EB0C

Amount of Each Receipt this Period
150.00

Memo Item

B. Farah, Ahmad, R., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Farah Medical Clinic
2105 West Rd.

| | | |
|-----------------|-------------|------------------------|
| City Trenton | State MI | Zip Code 48183-3897 |
|-----------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Ahmad Farah DPM PC | 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 |
| 02 | / | 19 | / | 2022 |

Transaction ID : AB6B8F340CA13491AB8D

Amount of Each Receipt this Period
500.00

Memo Item

C. Frasca, Sandro, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6910 11th Ave.

| | | |
|------------------|-------------|------------------------|
| City Brooklyn | State NY | Zip Code 11228-1298 |
|------------------|-------------|------------------------|

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 |
| 02 | / | 02 | / | 2022 |

Transaction ID : AACFE71DCFB5642CCA6F

Amount of Each Receipt this Period
300.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 950.00 |
| 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 11 OF 26 |
| <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. Gerry, Scott, William, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 736

| | | |
|--------------------|-------------|------------------------|
| City Springvale | State ME | Zip Code 04083-0736 |
|--------------------|-------------|------------------------|

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 |
| 02 | / | 18 | / | 2022 |

Transaction ID : A81016212E8AE44DDBAE

Amount of Each Receipt this Period
250.00

Memo Item

B. Glazer, Devon, N., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 57 Fairlane Rd.

| | | |
|-----------------------|-------------|------------------------|
| City Laguna Niguel | State CA | Zip Code 92677-5321 |
|-----------------------|-------------|------------------------|

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 |
| 02 | / | 13 | / | 2022 |

Transaction ID : A9F125C96BCF3497EB46

Amount of Each Receipt this Period
300.00

Memo Item

C. Glenn, Bryan, Heath, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 700 W. Kingshighway #A

| | | |
|-------------------|-------------|------------------------|
| City Paragould | State AR | Zip Code 72450-5929 |
|-------------------|-------------|------------------------|

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 |
| 02 | / | 07 | / | 2022 |

Transaction ID : AEF7BD97070744F22B57

Amount of Each Receipt this Period
300.00

Memo Item

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 12 OF 26 |
| <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. Grady, John, F., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Foot & Ankle Institute
4650 Southwest Hwy.

City Oak Lawn State IL Zip Code 60453-1836

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 833.32

Date of Receipt **02 / 18 / 2022**
Transaction ID : **AB1434FFC52FC4FEC81E**

Amount of Each Receipt this Period 416.66

Memo Item

B. Greenberg, Barney, A., Dr., DPM
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3015 Coach River Way

City Cumming State GA Zip Code 30040-5953

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

Name of Employer (for Individual) Podiatry Associates Occupation (for Individual) Podiatric Physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 07 / 2022**
Transaction ID : **ABC228F065C784899B36**

Amount of Each Receipt this Period 500.00

Memo Item

C. Green, Tyson, E., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Center for Orthopaedics
1747 Imperial Blvd.

City Lake Charles State LA Zip Code 70605

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

Name of Employer (for Individual) Center for Orthopaedics Occupation (for Individual) Podiatric Physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt **02 / 11 / 2022**
Transaction ID : **A242AC4C25EEF4BA9B26**

Amount of Each Receipt this Period 300.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1216.66 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 26 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Guiliana, John, V., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 S. Commodore Dr.

| | | |
|-------------------------------|-------------|------------------------|
| City Little Egg Harbor Twp | State NJ | Zip Code 08087-1509 |
|-------------------------------|-------------|------------------------|

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 | / | D D | / | Y Y Y Y |
| 02 | | 25 | | 2022 |

Transaction ID : ACC2459F300444A40974

Amount of Each Receipt this Period
250.00

Memo Item

B. Holmes, Crystal, Murray, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 674 Brookmill Ct.

| | | |
|----------------|-------------|------------------------|
| City Canton | State MI | Zip Code 48188-3049 |
|----------------|-------------|------------------------|

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 | / | D D | / | Y Y Y Y |
| 02 | | 19 | | 2022 |

Transaction ID : A15F4B1C72FBF4C708D4

Amount of Each Receipt this Period
250.00

Memo Item

C. Hughes, Scott, E., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Foot & Ankle Specialists, PC
1042 N. Monroe St.

| | | |
|----------------|-------------|------------------------|
| City Monroe | State MI | Zip Code 48162-3113 |
|----------------|-------------|------------------------|

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

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 11 | | 2022 |

Transaction ID : A90BA686814EF421C937

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 14 OF 26 |
| <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. Hultman, Jon, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7311 Greenhaven Dr. #208

| | | |
|--------------------|-------------|------------------------|
| City Sacramento | State CA | Zip Code 95831-3586 |
|--------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) California Podiatric Medical Associati | 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 |
| 02 | / | 12 | / | 2022 |

Transaction ID : AC2B52CCAF1E448DDA1E

Amount of Each Receipt this Period
500.00

Memo Item

B. Humpel, Pamela, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Foot & Ankle Centers
352 Milus St.

| | | |
|---------------------|-------------|-------------------|
| City Punta Gorda | State FL | Zip Code 33950 |
|---------------------|-------------|-------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Foot & Ankle Centers | 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 |
| 02 | / | 03 | / | 2022 |

Transaction ID : A543B4C73D3BB434EB11

Amount of Each Receipt this Period
300.00

Memo Item

C. Husain, Zeeshan, Shahriar, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3834 Mesa Dr.

| | | |
|--------------|-------------|------------------------|
| City Troy | State MI | Zip Code 48083-6509 |
|--------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Great Lakes Foot and Ankle Institute | 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 |
| 02 | / | 28 | / | 2022 |

Transaction ID : A1C22CF2EAB694F2DB13

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1300.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 26 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

A. Iannacone, Robert, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Iannacone Podiatry
 691 S.W. Port St. Lucie Blvd.
 City Port Saint Lucie State FL Zip Code 34953-1998
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Iannacone Podiatry 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
 02 / 03 / 2022
Transaction ID : A101F7EABDF9547D2A7D
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Jaakola, Eric, David, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Foot and Ankle Center of the Rocki
 4600 Hale Pkwy. #440
 City Denver State CO Zip Code 80220
 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
 02 / 18 / 2022
Transaction ID : A0419308DB96844BE826
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Jenkins, Jondelle, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address J.B. Jenkins & Associates
 1706 E. 87th St.
 City Chicago State IL Zip Code 60617-2740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) J.B. Jenkins & Associates Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2022
Transaction ID : AD1F4FF6FC6E149198D6
 Amount of Each Receipt this Period
 1000.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1600.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 26 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Kaplan, Randy, K., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29355 Northwestern Hwy. #110
 City Southfield State MI Zip Code 48034-1065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1125.00

Date of Receipt **02 / 19 / 2022**
Transaction ID : A44301027FD48447B834
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Kaplan, Randy, K., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29355 Northwestern Hwy. #110
 City Southfield State MI Zip Code 48034-1065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1225.00

Date of Receipt **02 / 20 / 2022**
Transaction ID : AC08336DDFD5E4BA2875
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Kirakosian, Arman, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 239 Mansfield Dr.
 City South San Francisco State CA Zip Code 94080-1043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) V.A.M.C. Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 12 / 2022**
Transaction ID : AFFBA76F3531C49BF92F
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 375.00 |
| 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 17 OF 26 |
| <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. Kreitman, Kevan, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Shores Podiatry Associates
 20905 E. 12 Mile Rd. #100
 City Roseville State MI Zip Code 48066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Shores Podiatry Associates Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2022
Transaction ID : A83B49ABCD8764753A7B
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Ladha, Zahid, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3544 Marquis Ct.
 City Floyds Knobs State IN Zip Code 47119-9766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 03 / 2022
Transaction ID : AAF1937870A624417A97
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Lambert, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 410 N. Gadsden St.
 City Tallahassee State FL Zip Code 32301-1242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Florida Podiatric Medical Assn. Occupation (for Individual) Executive Director
 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
 02 / 21 / 2022
Transaction ID : A126CD2F2CE5B441FA82
 Amount of Each Receipt this Period
 500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1800.00 |
| 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 18 OF 26 |
| <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. Latter, Stephen, E., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 907 S. Main St.

| | | |
|-------------------|-------------|------------------------|
| City Kalispell | State MT | Zip Code 59901-5436 |
|-------------------|-------------|------------------------|

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 |
| 02 | / | 14 | / | 2022 |

Transaction ID : ADD7759A0B4734E76953

Amount of Each Receipt this Period
500.00

Memo Item

B. Levy, Leslie, G., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23501 Cinema Dr. #209

| | | |
|------------------|-------------|------------------------|
| City Valencia | State CA | Zip Code 91355-5430 |
|------------------|-------------|------------------------|

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 |
| 02 | / | 14 | / | 2022 |

Transaction ID : A1506F5ACD367427AA57

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 17104 Westridge Meadow Dr.

| | | |
|----------------------|-------------|------------------------|
| City Chesterfield | State MO | Zip Code 63005-1337 |
|----------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Bridgeton Podiatry | 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 |
| 02 | / | 28 | / | 2022 |

Transaction ID : A4322862F1FF0480C9AA

Amount of Each Receipt this Period
500.00

Memo Item

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 19 OF 26 |
| <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. Martin, Michael, Hugh, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2501 N. VanBuren

| | | |
|--------------|-------------|------------------------|
| City Enid | State OK | Zip Code 73703-1711 |
|--------------|-------------|------------------------|

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 |
| 02 | / | 14 | / | 2022 |

Transaction ID : A960D3EA4EF2548AD942

Amount of Each Receipt this Period
500.00

Memo Item

B. Mastay, Andrew, R., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 950 Hawthorne Rd.

| | | |
|-----------------------------|-------------|------------------------|
| City Grosse Pointe Woods | State MI | Zip Code 48236-1442 |
|-----------------------------|-------------|------------------------|

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 |
| 02 | / | 02 | / | 2022 |

Transaction ID : A9B5885855A0F4BE984

Amount of Each Receipt this Period
500.00

Memo Item

C. McAloon, Carolyn, E., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Bay Area Foot Care
20130 Lake Chabot Rd., Suite 202

| | | |
|-----------------------|-------------|------------------------|
| City Castro Valley | State CA | Zip Code 94546-5340 |
|-----------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Bay Area Foot Care | 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 |
| 02 | / | 12 | / | 2022 |

Transaction ID : AC8BB2AE879914769AA6

Amount of Each Receipt this Period
500.00

Memo Item

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 20 OF 26 |
| <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. Pickard, Laura, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Norridge Foot Clinic**
7325 W. Irving Park Rd.

City **Chicago** State **IL** Zip Code **60634-3547**

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

Name of Employer (for Individual) **Norridge Foot Clinic** Occupation (for Individual) **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 / /

Transaction ID : ACC02FB97144047C5BD1

Amount of Each Receipt this Period

Memo Item

B. Pirota, Stephen, S., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Advanced Foot & Ankle Clinics**
903 S.E. 22nd St. #1

City **Bentonville** State **AR** Zip Code **72712-4361**

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

Name of Employer (for Individual) **Advanced Foot & Ankle Clinics** Occupation (for Individual) **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 / /

Transaction ID : A249419370A714E408E0

Amount of Each Receipt this Period

Memo Item

C. Pressman, Martin, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Milford Podiatry Associates**
32 Cherry St.

City **Milford** State **CT** Zip Code **06460-3429**

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

Name of Employer (for Individual) **Milford Podiatry Associates** Occupation (for Individual) **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 / /

Transaction ID : AE5025F76C0534DFD880

Amount of Each Receipt this Period

Memo Item

| | |
|---|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional)..... | <input type="text" value="1750.00"/> |
| TOTAL This Period (last page this line number only)..... | <input type="text"/> |

**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 21 OF 26 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address Foot & Ankle Spec. of the Mid-Atla
1860 Town Center Dr. #220

City Reston State VA Zip Code 20190-5905

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 14 / 2022
Transaction ID : A48FFC065168D40CFB6E

Amount of Each Receipt this Period 1000.00

Memo Item

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

Mailing Address Gurnee Podiatry & Sports Medicine
351 S. Greenleaf St. #C

City Park City State IL Zip Code 60085-5701

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

Name of Employer (for Individual) Gurnee Podiatry & Sports Medicine Occupation (for Individual) Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 08 / 2022
Transaction ID : A4209331A8B424664A59

Amount of Each Receipt this Period 500.00

Memo Item

C. Sengstock, Jodie, Noll, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 49450 Hudson Dr.

City Canton State MI Zip Code 48188-1979

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 02 / 19 / 2022
Transaction ID : A9C6B538CCAF14ED7A2F

Amount of Each Receipt this Period 350.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1850.00

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 22 OF 26 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

A. Smith, Cordell, Becker, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 734 Valley Rd.
 City Roseburg State OR Zip Code 97471-8928
 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
 02 / 22 / 2022
Transaction ID : A098991EEEE01425FB13
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Spohn-Gross, Holly, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3369 Essex Junction Ct.
 City Thousand Oaks State CA Zip Code 91362-1135
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2022
Transaction ID : A69420B8D88534C458E3
 Amount of Each Receipt this Period
 500.00
 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2022
Transaction ID : A3DE9F9EE4BF3491281D
 Amount of Each Receipt this Period
 350.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1100.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 26 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Taubman, Ross, E., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Podiatry Insurance Company of Amer
3000 Meridian Blvd. #400

| | | |
|------------------|-------------|------------------------|
| City Franklin | State TN | Zip Code 37067-9900 |
|------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Podiatric Insurance Company of America | Occupation (for Individual) Podiatric Physician |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 25 | | 2022 |

Transaction ID : A3AE82334704445A5A76

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 1740 South St. #500

| | | |
|----------------------|-------------|------------------------|
| City Philadelphia | State PA | Zip Code 19146-1572 |
|----------------------|-------------|------------------------|

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 |
| 02 | | 25 | | 2022 |

Transaction ID : A5516BD7BB4B047E2A24

Amount of Each Receipt this Period
500.00

Memo Item

C. Vakil, Samir, S., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Foot & Ankle Centers of Charlotte
352 Milus St.

| | | |
|---------------------|-------------|------------------------|
| City Punta Gorda | State FL | Zip Code 33950-4552 |
|---------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Foot & Ankle Centers of Charlotte | 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 |
| 02 | | 03 | | 2022 |

Transaction ID : A6C758D433337481DAE8

Amount of Each Receipt this Period
300.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1800.00 |
| 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 24 OF 26 |
| <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. Virbulis, Sylvia, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Piedmont Foot & Ankle Care**
316 S. Church St.

City **Salisbury** State **NC** Zip Code **28144-4930**

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

Name of Employer (for Individual) **Piedmont Foot & Ankle Care** Occupation (for Individual) **Podiatric Physician**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **02 / 11 / 2022**

Transaction ID : A788B722D3E2941CBA26

Amount of Each Receipt this Period **1000.00**

Memo Item

B. Wan, Stephen, C., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **3221 Blume Dr.**

City **Los Alamitos** State **CA** Zip Code **90720-4812**

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

Name of Employer (for Individual) **APMA** Occupation (for Individual) **Podiatric Physician**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **02 / 12 / 2022**

Transaction ID : A5E691B29CDDA46828C1

Amount of Each Receipt this Period **250.00**

Memo Item

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

Mailing Address **P.O. Box 707**

City **Seymour** State **IN** Zip Code **47274-0707**

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 **02 / 12 / 2022**

Transaction ID : AA5BED783F4F74B3D98D

Amount of Each Receipt this Period **300.00**

Memo Item

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1550.00 |
| 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 25 OF 26 |
| <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. Yaeger, Arlo, H., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Foot & Ankle Centers of Charlotte
352 Milus St.

| | | |
|---------------------|-------------|-------------------|
| City Punta Gorda | State FL | Zip Code 33950 |
|---------------------|-------------|-------------------|

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 | / | D D | / | Y Y Y Y |
| 02 | | 03 | | 2022 |

Transaction ID : A07D795D2D2D843C5A01

Amount of Each Receipt this Period
300.00

Memo Item

B. Zimelman, Troy, David, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 660 McQueen Smith Rd. N. #F

| | | |
|--------------------|-------------|------------------------|
| City Prattville | State AL | Zip Code 36066-7559 |
|--------------------|-------------|------------------------|

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 | / | D D | / | Y Y Y Y |
| 02 | | 23 | | 2022 |

Transaction ID : A1C5A6FD149E94B87B91

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 550.00 |
| TOTAL This Period (last page this line number only)..... | 30092.66 |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Capital One Financial (COF)

Mailing Address P.O. Box 30285

City
Salt Lake City

State
UT

Zip Code
84130-0285

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C []

Transaction ID : B6E76256673

Amount of Each Disbursement this Period

[] 281.19

Memo Item

Full Name (Last, First, Middle Initial)

B. Square

Mailing Address

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Bank Fees (credit card processing fees)

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 2 | 8 | | 2 | 0 | 2 | 2 |

FEC Identification Number

C []

Transaction ID : B633EC9FD0I

Amount of Each Disbursement this Period

[] 587.79

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

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)..... ▶

[] 868.98

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

[] 868.98