

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period [05] / [01] / [2023] through [05] / [31] / [2023]

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 [06] / [15] / [2023]

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)

Page 2

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="2023"/>	<input type="text" value="216787.48"/>	<input type="text" value="216787.48"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="355690.55"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="21798.84"/>	<input type="text" value="174977.26"/>
(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="377489.39"/>	<input type="text" value="391764.74"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="61611.74"/>	<input type="text" value="75887.09"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="315877.65"/>	<input type="text" value="315877.65"/>
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: / / To: / /

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).....	15618.84	121712.18
(ii) Unitemized	6180.00	43261.68
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	21798.84	164973.86
(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)	21798.84	164973.86
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	5000.60
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	2.80
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)).....▶	21798.84	174977.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	21798.84	174977.26

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	611.74	9387.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	611.74	9387.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	60000.00	65500.00
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	1000.00	1000.00
(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)).....	1000.00	1000.00
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)) ..	61611.74	75887.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	61611.74	75887.09

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)	21798.84	164973.86
34. Total Contribution Refunds (from Line 28(d))	1000.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20798.84	163973.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	611.74	9387.09
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	5000.60
38. Net Operating Expenditures (subtract Line 37 from Line 36)	611.74	4386.49

**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 23
<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. Adams, William, Cabell, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 620 Veterans Blvd. #434

City Redwood City	State CA	Zip Code 94063-1485
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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
05	/	11	/	2023

Transaction ID : A5B76853D37064D178B1

Amount of Each Receipt this Period
500.00

Memo Item

B. Alston, Johnnie, L., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Montgomery Foot Care Specialists,
1831 Halcyon Blvd.

City Montgomery	State AL	Zip Code 36117-8044
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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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2023

Transaction ID : AE975EDE831F8481E9FE

Amount of Each Receipt this Period
1000.00

Memo Item

C. Belli, Richard, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5010 Skillman Ave.

City Woodside	State NY	Zip Code 11377-4156
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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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	11	/	2023

Transaction ID : A892CF5C80BD849F4B95

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 7 OF 23
<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. Byrd, Daniel, F., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Blue Mountain Foot Specialists
 714 S.W. Dorion Ave.
 City Pendleton State OR Zip Code 97801-9312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Mountain Foot Specialists, PC Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **05 / 12 / 2023**
Transaction ID : AB8D11217510D4CB3BDA
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Dabdoub, William, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Ayshire Ct.
 City Slidell State LA Zip Code 70461-5034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Slidell Memorial Hospital Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00

Date of Receipt **05 / 18 / 2023**
Transaction ID : A1B0DD333D4F24A3B97B
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Dull, Christine, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Premier Foot Care, Inc.
 208-A N. Greeno Rd.
 City Fairhope State AL Zip Code 36532-3057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Premier Foot Care, Inc. Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 06 / 2023**
Transaction ID : A562DB57F358246DC937
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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 23
	<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. Dull, Jeffrey, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Premier Foot Care, Inc.
 208-A N. Greeno Rd.
 City Fairhope State AL Zip Code 36532-3057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Premier Foot Care, Inc. 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
 05 / 06 / 2023
Transaction ID : AFDCFF7F7EB65407CB09
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Fillingier, Eric, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 Wall St.
 City Cullman State AL Zip Code 35055-6011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fillingier Foot Clinic 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
 05 / 06 / 2023
Transaction ID : AD42BA3E67CBC45128A0
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Fosdick, Gordon, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 221
 City Middlefield State CT Zip Code 06455-0221
 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
 05 / 11 / 2023
Transaction ID : A36C77D5AC213465FA1A
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
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 23
	<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. Frimmel, Robert, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Sarasota Footcare Center**
2000 Webber Street

City **Sarasota** State **FL** Zip Code **34239-5234**

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

Name of Employer (for Individual) **Sarasota Footcare Center** Occupation (for Individual) **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **05 / 01 / 2023**

Transaction ID : ACADDAA9F44C743C3AB

Amount of Each Receipt this Period **100.00**

Memo Item

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

Mailing Address **801 N. Zang Blvd. #103**

City **Dallas** State **TX** Zip Code **75208-4858**

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 **05 / 18 / 2023**

Transaction ID : A86ACFDE49364418E9D6

Amount of Each Receipt this Period **250.00**

Memo Item

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

Mailing Address **Clay County Podiatry, LLC**
955 W Craig Ave

City **Brazil** State **IN** Zip Code **47834-7400**

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 20 / 2023**

Transaction ID : AA721F125E56F442A826

Amount of Each Receipt this Period **50.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **400.00**

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 23
<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. 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 ▼ 1500.00

Date of Receipt 05 / 11 / 2023
Transaction ID : **A4D249F444B494E4FB30**

Amount of Each Receipt this Period 300.00

Memo Item

B. Harwood, Brent, Martin, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Southeast Podiatry
23937 U.S. Hwy. 98 #1

City Fairhope State AL Zip Code 36532-3354

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 03 / 2023
Transaction ID : **A7854917DE2FC4CF28FC**

Amount of Each Receipt this Period 1000.00

Memo Item

C. Huish, James, P., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2240 W. 16th St.

City Safford State AZ Zip Code 85546-4081

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

Name of Employer (for Individual) self employed Occupation (for Individual) Podiatric Physician

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

Date of Receipt 05 / 12 / 2023
Transaction ID : **AEEEE90B4F2524EE38E0**

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 11 OF 23
	<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. John, Mathew, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Ankle & Foot Centers, PC
 2790 Sandy Plains Rd. #300

City Marietta	State GA	Zip Code 30066-4378
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ankle & Foot Centers PC	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 05 / 11 / 2023
Transaction ID : A83A54CE9ECE4808B1B

Amount of Each Receipt this Period
 500.00

Memo Item

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

Mailing Address 3544 Marquis Ct.

City Floyds Knobs	State IN	Zip Code 47119-9766
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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 ▼
 1500.00

Date of Receipt
 05 / 03 / 2023
Transaction ID : A0119D0D10674426D895

Amount of Each Receipt this Period
 300.00

Memo Item

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

Mailing Address Kansas City Foot Specialists, PA
 7230 W. 129th St.

City Overland Park	State KS	Zip Code 66213-2624
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kansas City Foot Specialists, PA	Occupation (for Individual) Podiatric Physician
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 05 / 12 / 2023
Transaction ID : AD195440A03944AF7BA1

Amount of Each Receipt this Period
 5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5800.00
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 23
<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. Larsen, David, C., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7428 Loon Landing Shores
County Rd. E.

City Lake Tomahawk	State WI	Zip Code 54539
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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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2023

Transaction ID : AAEE5E3A7C3EE43028B5

Amount of Each Receipt this Period
300.00

Memo Item

B. le, Phong, H., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Northern California Orthopaedic As
75 Scripps Dr.

City Sacramento	State CA	Zip Code 95825-6320
--------------------	-------------	------------------------

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
05		11		2023

Transaction ID : AAE6C8A3C34A348FA99C

Amount of Each Receipt this Period
500.00

Memo Item

C. McCann, William, N., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Affiliates in Podiatry, PC
248 Pleasant St.#203 Pillsbury Med

City Concord	State NH	Zip Code 03301-2588
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Pillsbury Medical Bldg.	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2023

Transaction ID : A6D26803541DD4F7491C

Amount of Each Receipt this Period
50.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 23
	<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. Miller, Jason, Christopher, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1330 Kingwood Dr. #200

City Kingwood	State TX	Zip Code 77339-3038
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2023

Transaction ID : A662DC39660FC47658AE

Amount of Each Receipt this Period
85.00

Memo Item

B. Mucinskas, Adam, Paul, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Feet First Foot Care Specialist, L
162 West St. #K

City Cromwell	State CT	Zip Code 06416-4405
------------------	-------------	------------------------

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

Name of Employer (for Individual) Feet First Foot Care Specialist, LLC	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
05		10		2023

Transaction ID : A14D3E17C47404954870

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 195 Jacob St.

City Seekonk	State MA	Zip Code 02771-1626
-----------------	-------------	------------------------

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
05		15		2023

Transaction ID : A7419F74EB8D644A1ACB

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	685.00
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 23
	<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. Parker, Robert, G., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14441 Memorial Dr. #16
 City Houston State TX Zip Code 77079-6737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 05 / 18 / 2023
Transaction ID : A25E7D446F1EE43C3B52
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Parks, Stephanie, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Bosque Foot and Ankle 500 Walter St. N.E. #510A
 City Albuquerque State NM Zip Code 87102-2567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bosque Foot and Ankle Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 05 / 16 / 2023
Transaction ID : A094061902B454785A9D
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Prevete, Jacqueline, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 524 Latham Rd
 City Mineola State NY Zip Code 11501-1008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 05 / 11 / 2023
Transaction ID : A33CFE88FBBA343F6AE5
 Amount of Each Receipt this Period 300.00
 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 23
	<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. Russell, Robert, I., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Podiatry Associates
1101 18th St. S.

City Birmingham State AL Zip Code 35205-4702

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 ▼ 250.00

Date of Receipt 05 / 05 / 2023
Transaction ID : A4C93FF8619C8483E966

Amount of Each Receipt this Period 250.00

Memo Item

B. Segalman, Joel, Scott, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Performance Foot & Ankle Specialis
714 Chase Parkway

City Waterbury State CT Zip Code 06708-3012

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

Name of Employer (for Individual) Chase Parkway Podiatry Group Occupation (for Individual) Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 10 / 2023
Transaction ID : A8DB52C71AB6C4E458DC

Amount of Each Receipt this Period 300.00

Memo Item

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

Mailing Address 6209 Alta Monte Ave N.E.

City Albuquerque State NM Zip Code 87110-2101

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

Name of Employer (for Individual) S.W. Podiatry Center Occupation (for Individual) Podiatric Physician

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 19 / 2023
Transaction ID : ACF7077FF71204622844

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 16 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Thomajan, Craig, H., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Austin Foot and Ankle Specialists
5000 Bee Caves Rd. #202

City West Lake Hills	State TX	Zip Code 78746-5254
-------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2023

Transaction ID : AACB86210140E411B960

Amount of Each Receipt this Period
100.00

Memo Item

B. 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 ▼
419.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2023

Transaction ID : AF37E22B4DC2E47F096C

Amount of Each Receipt this Period
83.84

Memo Item

C. Williams, Edward, D., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2208 Vela St.

City Santa Fe	State NM	Zip Code 87505-5607
------------------	-------------	------------------------

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
05		15		2023

Transaction ID : A1BAADC1B1B8F458ABAF

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	433.84
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 17 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wrege, Steven, S., Dr.,

Mailing Address Foot & Ankle Specialists Of NM
 5111 Juan Tabo Blvd NE #A

City Albuquerque State NM Zip Code 87111-2698

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

Name of Employer (for Individual) Foot & Ankle Specialists of NM 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 Y Y
 05 / 19 / 2023

Transaction ID : A983AB1E5D99F453792F

Amount of Each Receipt this Period
 300.00

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	15618.84

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Capital One Financial (COF)

Mailing Address P.O. Box 30285

City
Salt Lake City

State
UT

Zip Code
84130-0285

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	2	3

FEC Identification Number

C []
Transaction ID : B158713F4E
Amount of Each Disbursement this Period
[] 101.31

Memo Item

Full Name (Last, First, Middle Initial)

B. Square

Mailing Address 1455 Market Street, Suite 600

City
San Francisco

State
CA

Zip Code
94103-1332

Purpose of Disbursement
Bank Fees (credit card processing fee)

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	2	3

FEC Identification Number

C []
Transaction ID : B1FCA42092I
Amount of Each Disbursement this Period
[] 483.83

Memo Item

Full Name (Last, First, Middle Initial)

C. USAePay

Mailing Address 1455 Market Street, Suite 600

City
Glendale

State
CA

Zip Code
91201

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	2	3

FEC Identification Number

C []
Transaction ID : B9F2E836DF
Amount of Each Disbursement this Period
[] 26.00

Memo Item

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

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
						6	1	1	4

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

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
						6	1	1	4

**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. BRETT PAC-THE LEADERSHIP PAC OF U.S. REPRESENTATIVE BRETT GUTHRIE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	10	/	2023

Mailing Address 504 DEREK AVENUE

FEC Identification Number

C	C00483487
---	-----------

Transaction ID : BEBAB1C57I

Amount of Each Disbursement this Period

5000.00

Memo Item

City

Elizabethtown

State

KY

Zip Code

42701-9168

Purpose of Disbursement

Contribution to Committee

--

Candidate Name

BRETT PAC-THE LEADERSHIP PAC OF U.S. REPRESENTATIVE BRETT GUTHRIE

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2023

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

Other

Full Name (Last, First, Middle Initial)

B. BRIAN HIGGINS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	02	/	2023

Mailing Address PO Box 28

FEC Identification Number

C	C00401034
---	-----------

Transaction ID : B5067580B6E

Amount of Each Disbursement this Period

5000.00

Memo Item

City

Buffalo

State

NY

Zip Code

14220-0028

Purpose of Disbursement

Contribution to Committee

--

Candidate Name

Higgins, Brian, , Rep.,

Category/
Type

Office Sought:

<input checked="" type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: NY

District: 26

Full Name (Last, First, Middle Initial)

C. EMMER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	02	/	2023

Mailing Address PO BOX 279

FEC Identification Number

C	C00545749
---	-----------

Transaction ID : B66ED8D561

Amount of Each Disbursement this Period

5000.00

Memo Item

City

Elk River

State

MN

Zip Code

55330-0279

Purpose of Disbursement

Contribution to Committee

--

Candidate Name

Emmer, Tom, , Rep., Jr.

Category/
Type

Office Sought:

<input checked="" type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: MN

District: 06

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. Friends Of Dan Kildee

Mailing Address P.O. Box 248

City
Flint

State
MI

Zip Code
48501

Purpose of Disbursement
Contribution to Committee

Candidate Name

Kildee, Dan, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	2	3

FEC Identification Number

C C00499947

Transaction ID : B7DB028AFE

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JULIA BROWNLEY FOR CONGRESS

Mailing Address PO BOX 2018

City
Thousand Oaks

State
CA

Zip Code
91358-2018

Purpose of Disbursement
Contribution to Committee

Candidate Name

Brownley, Julia, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: CA District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	2	3

FEC Identification Number

C C00513077

Transaction ID : B651490E60A

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KUSTER FOR CONGRESS, INC.

Mailing Address P.O. BOX 1498

City
Concord

State
NH

Zip Code
03302-1498

Purpose of Disbursement
Contribution to Committee

Candidate Name

Kuster, Ann, McLane, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	2	3

FEC Identification Number

C C00462861

Transaction ID : B47CB30A5C

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. LISA BLUNT ROCHESTER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	02	/	2023

Mailing Address PO BOX 9767

FEC Identification Number

C	C00590778
---	-----------

City
Wilmington

State
DE

Zip Code
19809-0767

Transaction ID : BF65493CDB
Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution to Committee

Category/ Type

Candidate Name
Blunt Rochester, Lisa, , Rep.,

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼

State: DE District: 01

Memo Item

Full Name (Last, First, Middle Initial)

B. MARSHA FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	02	/	2023

Mailing Address PO BOX 3750

FEC Identification Number

C	C00376939
---	-----------

City
Brentwood

State
TN

Zip Code
37024-3750

Transaction ID : B02D358A1E:
Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution to Committee

Category/ Type

Candidate Name
Blackburn, Marsha, , Sen.,

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼

State: TN District:

Memo Item

Full Name (Last, First, Middle Initial)

C. MARSHA FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	02	/	2023

Mailing Address PO BOX 3750

FEC Identification Number

C	C00376939
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City
Brentwood

State
TN

Zip Code
37024-3750

Transaction ID : B939B10CE4
Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution to Committee

Category/ Type

Candidate Name
Blackburn, Marsha, , Sen.,

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼

State: TN District:

Memo Item

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

15000.00

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

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. MILLER-MEEKS FOR CONGRESS

Mailing Address PO BOX 33

City
Ottumwa

State
IA

Zip Code
52501-0033

Purpose of Disbursement
Contribution to Committee

Candidate Name

Miller-Meeks, Mariannette, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: IA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	2	3

FEC Identification Number

C C00558825

Transaction ID : B3D8A0901D

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ROBIN KELLY FOR CONGRESS

Mailing Address PO BOX 101199

City
Chicago

State
IL

Zip Code
60610-8913

Purpose of Disbursement
Contribution to Committee

Candidate Name

Kelly, Robin, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: IL District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	2	3

FEC Identification Number

C C00539866

Transaction ID : B5E1B2DDE5

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TERRI SEWELL FOR CONGRESS

Mailing Address P.O. BOX 1964

City
Birmingham

State
AL

Zip Code
35201-1964

Purpose of Disbursement
Contribution to Committee

Candidate Name

Sewell, Terri, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: AL District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	2	3

FEC Identification Number

C C00458976

Transaction ID : BFD59E1CD;

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)..... ▶

60000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. MAINE PODIATRIC MEDICAL ASSOCIATION

Mailing Address 2 Sweall St
Mich 15

City South Portland State ME Zip Code 04106

Purpose of Disbursement Refund of corporate contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 05 / 2023

FEC Identification Number

C

Transaction ID : B47F3CAB9E

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

1000.00

1000.00