

**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)

11400 Rockville Pike, Suite 220



Check if different than previously reported. (ACC)

Rockville

MD

20852-3004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00008839

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☒ Dec 20 (M12) (Non-Election Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day POST-Election Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
11 01 2025

through

M M M / D D D / Y Y Y Y Y Y
11 30 2025

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Conway, Michael, A., Dr.,

Signature of Treasurer

Conway, Michael, A., Dr.,

Date

M M M / D D D / Y Y Y Y Y Y
12 09 2025

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

**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 CommitteeReport Covering the Period: From:

M M	/	D D	/	Y Y Y Y Y
11		01		2025

 To:

M M	/	D D	/	Y Y Y Y Y
11		30		2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2025</div></div>		<div><div></div><div>67226.09</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>193725.38</div></div>	
(c) Total Receipts (from Line 19)	<div><div></div><div>7542.23</div></div>	<div><div></div><div>221046.23</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>201267.61</div></div>	<div><div></div><div>288272.32</div></div>
7. Total Disbursements (from Line 31)	<div><div></div><div>17408.95</div></div>	<div><div></div><div>104413.66</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<div><div></div><div>183858.66</div></div>	<div><div></div><div>183858.66</div></div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)**For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov**

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y
11 / 01 / 2025

To:

M M / D D / Y Y Y Y
11 / 30 / 2025**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).....

5541.66

163395.90

(ii) Unitemized

2000.57

50147.56

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

7542.23

213543.46

(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)

7542.23

213543.46

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

7500.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

2.77

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))

7542.23

221046.23

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

7542.23

221046.23

DETAILED SUMMARY PAGE of Disbursements

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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	203.95	2558.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	203.95	2558.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17000.00	101000.00
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	205.00	855.00
(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)).....	205.00	855.00
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)) ..	17408.95	104413.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17408.95	104413.66

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)	7542.23	213543.46
34. Total Contribution Refunds (from Line 28(d))	205.00	855.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7337.23	212688.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	203.95	2558.66
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	203.95	2558.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 26
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

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

A. Andersen, Jane, Elizabeth, Dr.,Mailing Address Chapel Hill Foot & Ankle Specialis
1506 E. Franklin St. #104City
Chapel HillState
NCZip Code
27514-3616FEC 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 ▼

280.76

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2025

Transaction ID : AB04433A12B864D948CD

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Appel, Chad, , Mr.,

Mailing Address 9503 Flower Ave

City
Silver SpringState
MDZip Code
20901-3004FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Podiatric Medical AssociationOccupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2025

Transaction ID : A3827B1637D064C28ACC

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

C. Basatneh, Rami, M, Dr.,

Mailing Address 18003 Benchmark Dr.

City
DallasState
TXZip Code
75252-8135FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-EmployedOccupation (for Individual)
Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2025

Transaction ID : A51AB8A0D6856424B85E

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 26
(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

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

A. Bohm, Jaclyn, J., Dr.,Mailing Address Fairview Health
6826 156th St.City
SavageState
MNZip Code
55378-6634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-EmployedOccupation (for Individual)
Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2025

Transaction ID : A5B5FAD17DB0641BEBB4

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Cadena, Carlos, A., Dr.,Mailing Address Carlos A. Cadena DPM PC
2800 Doral Ct.City
Las CrucesState
NMZip Code
88011-8616FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Carlos A. Cadena, DPM, PCOccupation (for Individual)
Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2025

Transaction ID : A46FF620D59C94416B47

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. Campbell, Leslie, , Dr.,

Mailing Address 1111 Raintree Cir. #200

City
AllenState
TXZip Code
75013-4902FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2025

Transaction ID : A760F6ED3A9F54F5BA88

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 26

(check only one)

<input checked="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

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

A. Cornelison, Michael, Joseph, Dr., DPMMailing Address Foot and Ankle Assoc.
10353 Torre Ave. #CCity
CupertinoState
CAZip Code
95014-3217FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
California Podiatric Medical AssociatiOccupation (for Individual)
Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2025

Transaction ID : AB04DAE801D194274AF5

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

B. Dabdoub, William, H., Dr.,

Mailing Address 100 Ayshire Ct.

City
SlidellState
LAZip Code
70461-5034FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2025

Transaction ID : A217A0C4CF7484916B53

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. DeHeer, Patrick, A., Dr., DPM

Mailing Address 6910 Steven Ln

City
IndianapolisState
INZip Code
46260-4176FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Upperline HealthOccupation (for Individual)
Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2025

Transaction ID : A96A5E28CCC5D4EAD895

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 26
(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

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

A. Frimmel, Robert, , Dr.,Mailing Address **Sarasota Footcare Center**
2000 Webber StreetCity
SarasotaState
FLZip Code
34239-5234FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Sarasota Footcare CenterOccupation (for Individual)
Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

11 / 12 / 2025**Transaction ID : A037A5E6A752343DAB6B**

Amount of Each Receipt this Period

75.00☐ Memo Item

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

B. Frisch, Dennis, R., Dr.,Mailing Address **Boca Raton Podiatry**
950 Glades Rd. #2ACity
Boca RatonState
FLZip Code
33431-6401FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Boca Raton PodiatryOccupation (for Individual)
Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

11 / 18 / 2025**Transaction ID : A866C63F4777440D6BBF**

Amount of Each Receipt this Period

25.00☐ Memo Item

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

C. Gale, Howard, M., Dr.,Mailing Address **17 Grady Johnson Rd**City
StatesboroState
GAZip Code
30458-6026FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Ankle & Foot AssociatesOccupation (for Individual)
Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 14 / 2025**Transaction ID : A272A4E2E99964DB7BE0**

Amount of Each Receipt this Period

500.00☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**600.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 26
(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

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

A. Ginex, Steven, L., Dr.,

Mailing Address 77685 Justin Ct.

City
Palm DesertState
CAZip Code
92211-6238FEC 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 ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2025

Transaction ID : A6E233E6CB3814B88B22

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

B. Ginex, Steven, L., Dr.,

Mailing Address 77685 Justin Ct.

City
Palm DesertState
CAZip Code
92211-6238FEC 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 ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2025

Transaction ID : AAA9800AEBBDF494A864

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

C. Goodale, Miranda, A., Dr.,Mailing Address Clay County Podiatry, LLC
955 W Craig AveCity
BrazilState
INZip Code
47834-7400FEC 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 ▼

916.63

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2025

Transaction ID : AEB56B8468D024F81ADA

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

243.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 26
(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

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

A. Greaves, Sara, , Ms,

Mailing Address 102 Sherris Way

City
SmithsburgState
MDZip Code
21783-2013FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Podiatric Medical AssociationOccupation (for Individual)
Vice President, Operations & Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 11 / 2025

Transaction ID : AE74F44371FD14679B0E

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Green, Tyson, E., Dr.,Mailing Address Center for Orthopaedics
1747 Imperial Blvd.City
Lake CharlesState
LAZip Code
70605FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Center for OrthopaedicsOccupation (for Individual)
Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2025

Transaction ID : AEAE042E19AC0448DA13

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. Groberg, Darren, Fadel, Dr.,Mailing Address Salt Lake Podiatry Center
430 N. 400 W.City
Salt Lake CityState
UTZip Code
84103FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2025

Transaction ID : A4140E8600D214B6199F

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

345.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 26
(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

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

A. Hughes, Scott, E., Dr.,Mailing Address Foot & Ankle Specialists, PC
1042 N. Monroe St.City
MonroeState
MIZip Code
48162-3113FEC 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 ▼

1050.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2025

Transaction ID : ABFA46B20B5EF4DFA95C

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Jacobs, James, M., Dr.,

Mailing Address 23230 Red River Drive

City
KatyState
TXZip Code
77494-2046FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Your Total Foot Care Specialist, PA

Occupation (for Individual)

Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2025

Transaction ID : ACB3EE62EE5E24B1682D

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Johnson, John, D., Dr.,Mailing Address 29900 Meridian Pl
Apt 22106City
Farmington HillsState
MIZip Code
48331-5877FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2025

Transaction ID : AEB7CD3261BDC4108A3B

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

570.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 26
(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

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

A. Kaplan, Randy, K., Dr.,

Mailing Address 29355 Northwestern Hwy. #110

City
SouthfieldState
MIZip Code
48034-1065FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-EmployedOccupation (for Individual)
Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2025

Transaction ID : A4928D13148774BF79C6

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

B. Kirakosian, Arman, A., Dr.,

Mailing Address 239 Mansfield Dr.

City
South San FranciscoState
CAZip Code
94080-1043FEC 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 ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2025

Transaction ID : A9DA932E2EBB241B697C

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Lambert, Karen, , ,

Mailing Address 3375-F Capital Cir. N.E. #201

City
TallahasseeState
FLZip Code
32308-3736FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Florida Podiatric Medical Assn.Occupation (for Individual)
CEO/Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2025

Transaction ID : AE2AA25E5C0BB4AFE87C

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 26
(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

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

A. Lemon, Jamelah, Patrice, Dr.,Mailing Address Physicians Footcare
3471 W. Montague Ave.City
North CharlestonState
SCZip Code
29418-6133FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Physicians FootcareOccupation (for Individual)
Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2025

Transaction ID : AE8565684665044CEA82

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. McCann, William, N., Dr.,Mailing Address Affiliates in Podiatry, PC
248 Pleasant St.#203 Pillsbury MedCity
ConcordState
NHZip Code
03301-2588FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Affiliates in Podiatry, PC.Occupation (for Individual)
Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2025

Transaction ID : A3C1D61DA3A0D4721A89

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. McClelland, Bradley, , Mr.,

Mailing Address 4017 Cool Brooke Way

City
AlexandriaState
VAZip Code
22306-1314FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Global Physical SecurityOccupation (for Individual)
Investigations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : A3B3523CAC6534C17811

Amount of Each Receipt this Period

225.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 26
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

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

A. McClelland, Meghan, , Ms.,Mailing Address 4017 Cool Brooke Way
Ste 220City
AlexandriaState
VAZip Code
22306-1314FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Podiatric Medical AssociationOccupation (for Individual)
Executive Director/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4583.33

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2025

Transaction ID : A7DD572068C3D4F5EBCE

Amount of Each Receipt this Period

416.67

☐ Memo Item

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

B. McKenna, Bryon, James, Dr.,

Mailing Address 1433 Burma Rd.

City
ThibodauxState
LAZip Code
70301-6187FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Thibodaux Regional Health SystemsOccupation (for Individual)
Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2025

Transaction ID : A71CC9FDE13FC428CB25

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. McKenna, Bryon, James, Dr.,

Mailing Address 1433 Burma Rd.

City
ThibodauxState
LAZip Code
70301-6187FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Thibodaux Regional Health SystemsOccupation (for Individual)
Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2025

Transaction ID : A4676EAC58C14416DB0E

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

496.67

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 26
(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

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

A. Melano, Ben, , Mr.,

Mailing Address 1527 Park Rd NW

City
WashingtonState
DCZip Code
20010-2215FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Podiatric Medical AssociationOccupation (for Individual)
Director of Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.24

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2025**Transaction ID : A83B4CCD10F154F9190A**

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Miller, Timothy, John, Dr.,

Mailing Address 3701 Avalon Park W. Blvd. #225

City
OrlandoState
FLZip Code
32828-7303FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sunshine Ankle & Foot ExpertsOccupation (for Individual)
Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2025**Transaction ID : AFEC0680EE74A4BF3A7E**

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

C. Rawski, Robert, A., Dr.,

Mailing Address W239 N2344 Hawk's Meadow Ct.

City
WaukeshaState
WIZip Code
53188-1908FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ascension Medical GroupOccupation (for Individual)
Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 17 / 2025**Transaction ID : A1E5BF75A8BE64B08AE0**

Amount of Each Receipt this Period

75.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

233.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 26
(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

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

A. Rogers, Lee, Christopher, Dr.,Mailing Address Univ. of TX Hlth. Sci. Ctr.@San An
7703 Floyd Curl Dr. Mail Code 777City
San AntonioState
TXZip Code
78229-3901FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Texas Health Science CenOccupation (for Individual)
Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2025

Transaction ID : A9CA2D13D94CA4C76B31

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Rosen, Robert, Glenn, Dr.,Mailing Address Brevard Podiatry
850 Garden St.City
TitusvilleState
FLZip Code
32780FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brevard Podiatry GroupOccupation (for Individual)
Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 02 / 2025

Transaction ID : ABFC9CCF4BE614B1EB43

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Sage, Robert, M., Dr.,Mailing Address Beloit Clinic
1905 Huebbe Pkwy.City
BeloitState
WIZip Code
53511-1842FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Beloit Health SystemOccupation (for Individual)
Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 22 / 2025

Transaction ID : ABED05030AC6440B6BD4

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 26
(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

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

A. Schneider, Andrew, J., Dr.,Mailing Address Tanglewood Foot Specialists
1011 Augusta Dr. #202City
HoustonState
TXZip Code
77057-2060FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tanglewood Foot SpecialistsOccupation (for Individual)
Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2025

Transaction ID : AAA00534AF4CC4BFF9F9

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Schneider, Andrew, J., Dr.,Mailing Address Tanglewood Foot Specialists
1011 Augusta Dr. #202City
HoustonState
TXZip Code
77057-2060FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tanglewood Foot SpecialistsOccupation (for Individual)
Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2025

Transaction ID : A012EBE2689D04F469F5

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Sengstock, Jodie, Noll, Dr.,

Mailing Address 49450 Hudson Dr.

City
CantonState
MIZip Code
48188-1979FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-EmployedOccupation (for Individual)
Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2025

Transaction ID : A4AF76F268DEC4FA4882

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

220.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 19 OF 26
(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

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

A. Spohn-Gross, Holly, A., Dr.,

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 Podiatry

Occupation (for Individual)

Podiatric Physician

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : A2756A66002084FAEB16

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

B. Thompson, Chad, L., Dr.,

Mailing Address 2730 S. Val Vista Dr. #175

City

Gilbert

State

AZ

Zip Code

85295-1683

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Podiatric Physician

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 27 / 2025

Transaction ID : A292C869EC2284A10A1D

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. Tower, Dyane, E., Dr.,

Mailing Address 9312 Old Georgetown Rd

City

Bethesda

State

MD

Zip Code

20814-1621

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

American Podiatric Medical Association

Occupation (for Individual)

VP, Clinical Affairs and Medical Direc

Receipt For:

☐
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

916.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 02 / 2025

Transaction ID : AA978852D3EEF4DF5806

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

458.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 26
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

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

A. Tower, Dyane, E., Dr.,

Mailing Address 9312 Old Georgetown Rd

City
BethesdaState
MDZip Code
20814-1621FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Podiatric Medical AssociationOccupation (for Individual)
VP, Clinical Affairs and Medical Direc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

991.67

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 13 / 2025

Transaction ID : A1CC655B3DE064EBB9C8

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

B. Weaver, Benjamin, W., Dr.,Mailing Address Central KS Podiatry Associates
1819 N GreenwichCity
WichitaState
KSZip Code
67206-3102FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Central KS Podiatry AssociatesOccupation (for Individual)
Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2025

Transaction ID : A3669E7ED6A044458952

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Wurster, Lauren, Ashley, Dr.,

Mailing Address 2045 E. Cherry Hills Pl.

City
ChandlerState
AZZip Code
85249-4144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EVERNORTH Care GroupOccupation (for Individual)
Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

824.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 17 / 2025

Transaction ID : A113987CDE3D64800B6C

Amount of Each Receipt this Period

75.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00

5541.66

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 26

<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 CityState
UTZip Code
84130-0285

Purpose of Disbursement

Merchant Billing

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B31557B89F

Amount of Each Disbursement this Period

83.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Square

Mailing Address 1455 Market Street, Suite 600

City
San FranciscoState
CAZip Code
94103-1332

Purpose of Disbursement

Bank fees (credit card processing fee)

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : BDB941B316

Amount of Each Disbursement this Period

3.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. USAePay

Mailing Address 1455 Market Street, Suite 600

City
GlendaleState
CAZip Code
91201

Purpose of Disbursement

Merchant Billing

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	6		2	0	5			

FEC Identification Number

C

Transaction ID : BB02DA073

Amount of Each Disbursement this Period

30.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

117.27

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

117.27

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 26

<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. Bilirakis For Congress

Mailing Address PO BOX 606

City
Tarpon SpringsState
FLZip Code
34688-0606

Purpose of Disbursement

Contribution to Committee

Candidate Name

Bilirakis, Gus, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 12

Date of Disbursement

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

FEC Identification Number

C C00408534

Transaction ID : B79EE324221

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Granite Values PAC

Mailing Address 105 N State Street

City
ConcordState
NHZip Code
03301-4334

Purpose of Disbursement

Contribution to Committee

Candidate Name

Granite Values PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2025

☐ Primary ☐ General
☒ Other (specify)

State:

District:

Date of Disbursement

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

FEC Identification Number

C C00629311

Transaction ID : BBFFC78EC0

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GUTHRIE FOR CONGRESS

Mailing Address 410 1st Street SE, 2nd Floor

City
WashingtonState
DCZip Code
20003-1867

Purpose of Disbursement

Contribution to Committee

Candidate Name

Guthrie, Brett, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY

District: 02

Date of Disbursement

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

FEC Identification Number

C C00445023

Transaction ID : B977B224EE

Amount of Each Disbursement this Period

3500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. JOE NEGUSE FOR CONGRESS

Mailing Address 660 Pennsylvania Ave SE Suite 202

City
WashingtonState
DCZip Code
20003-4357

Purpose of Disbursement

Contribution to Committee

Candidate Name

Neguse, Joe, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CO

District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	7		2	0	2	5		

FEC Identification Number

C C00648253**Transaction ID : B7046B30A1**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JULIA BROWNLEY FOR CONGRESS

Mailing Address PO BOX 15096

City
WashingtonState
DCZip Code
20003-0096

Purpose of Disbursement

Contribution to Committee

Candidate Name

Brownley, Julia, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify)

State: CA

District: 26

Date of Disbursement

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

FEC Identification Number

C C00513077**Transaction ID : BA65887B504**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KANSANS FOR MARSHALL

Mailing Address 410 1st Street SE, 2nd Floor

City
WashingtonState
DCZip Code
20003-1867

Purpose of Disbursement

Contribution to Committee

Candidate Name

Marshall, Roger, , Sen.,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: KS

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	7		2	0	2	5		

FEC Identification Number

C C00576173**Transaction ID : BC603FAEE;**

Amount of Each Disbursement this Period

3500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5	5	0	0	.	0	0					
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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. PETE AGUILAR FOR CONGRESS

Mailing Address 1 M ST SE SUITE 275

City
WashingtonState
DCZip Code
20003-5125

Purpose of Disbursement

Contribution to Committee

Candidate Name

Aguilar, Pete, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 33

Date of Disbursement

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

FEC Identification Number

C C00510461**Transaction ID : B77DDD1920**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sunshine Organization for Tremendous Opportunities PAC

Mailing Address P.O. BOX 421349

City
KissimmeeState
FLZip Code
34742-1349

Purpose of Disbursement

Contribution to Committee

Candidate Name

Sunshine Organization for Tremendous Opportunities PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2025

☐ Primary ☐ General
☒ Other (specify)

State:

District:

Other

Date of Disbursement

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

FEC Identification Number

C C00692590**Transaction ID : BACF35AB49**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Vern Buchanan For Congress

Mailing Address 1110 Trinity Drive

City
AlexandriaState
VAZip Code
22314-4722

Purpose of Disbursement

Contribution to Committee

Candidate Name

Buchanan, Vern, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 16

Date of Disbursement

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

FEC Identification Number

C C00412759**Transaction ID : BA9697DD6f**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Victory East PAC

Mailing Address PO BOX 97275

City
RaleighState
NCZip Code
27624

Purpose of Disbursement

Contribution to Committee

Candidate Name

Victory East PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼ Other

State:

District:

Date of Disbursement

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

FEC Identification Number

C C00724229**Transaction ID : B9995D40A0**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wyden For Senate

Mailing Address 1220 SW MORRISON ST STE 910

City
PortlandState
ORZip Code
97205-2228

Purpose of Disbursement

Contribution to Committee

Candidate Name

Wyden, Ron, , Sen.,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2028

☒ Primary ☐ General
☐ Other (specify)

State: OR

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	7			2	0	2	5		

FEC Identification Number

C C00308676**Transaction ID : BAF82B87A1**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

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)..... ►

1500.00

17000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR 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

PAGE 26 OF 26

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ginex, Steven, L., Dr.,

Mailing Address 77685 Justin Ct.

City
Palm DesertState
CAZip Code
92211-6238

Purpose of Disbursement

Refund

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : BA401B90E1

Amount of Each Disbursement this Period

80.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. McKenna, Bryon, James, Dr.,

Mailing Address 1433 Burma Rd.

City
ThibodauxState
LAZip Code
70301-6187

Purpose of Disbursement

Refund

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B4B8790D907

Amount of Each Disbursement this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Schneider, Andrew, J., Dr.,Mailing Address Tanglewood Foot Specialists
1011 Augusta Dr. #202City
HoustonState
TXZip Code
77057-2060

Purpose of Disbursement

Refund

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : BF02C6E9C0

Amount of Each Disbursement this Period

85.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

205.00

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

205.00