

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 9312 Old Georgetown Road Bethesda MD 20814-1621

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

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

5. Covering Period 08 / 01 / 2021 through 08 / 31 / 2021

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 09 / 15 / 2021

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**American Podiatric Medical Association Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2021"/>		379400.30
(b) Cash on Hand at Beginning of Reporting Period.....	498721.53	
(c) Total Receipts (from Line 19) .....	8377.20	195199.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	507098.73	574599.90
7. Total Disbursements (from Line 31).....	300.51	67801.68
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	506798.22	506798.22
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

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 08 / 01 / 2021 To: M M / D D / Y Y Y Y 08 / 31 / 2021

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).....	5992.00	140033.32
(ii) Unitemized .....	2385.20	55166.28
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8377.20	195199.60
(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) .....	8377.20	195199.60
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	8377.20	195199.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8377.20	195199.60

**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 .....	300.51	2791.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	300.51	2791.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	64500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	510.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	510.00
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)) ..	300.51	67801.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	300.51	67801.68

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	8377.20	195199.60
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	510.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8377.20	194689.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	300.51	2791.68
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	300.51	2791.68

**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 15
<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. Barth, Lindsay, Dean, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Next Step Foot & Ankle Centers  
 5139 MAttis Rd. #102  
 City Saint Louis State MO Zip Code 63128-2250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tesson Ferry Foot & Ankle Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 28 / 2021  
**Transaction ID : AA0339C8937E645E69FF**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Bhakta, Dharmesh, Pravin, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Hidden Lake Ct.  
 City Mansfield State TX Zip Code 76063-5466  
 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 08 / 09 / 2021  
**Transaction ID : A5AF0E2F4E73940D5B2A**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Brown, H., F., Dr., III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2001 Georgia Ave.  
 City Little Rock State AR Zip Code 72207-5014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 29 / 2021  
**Transaction ID : A8848F4322A944A02BF5**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
<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. Churchwell, Charles, S., Dr., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 803347  
 City Dallas State TX Zip Code 75380-3347  
 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 08 / 22 / 2021  
**Transaction ID : A12880B8A449C416DA7D**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Dabdoub, William, H., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1150 Robert Blvd. #190  
 City Slidell State LA Zip Code 70458-2064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Slidell Memorial Hospital Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1200.00

Date of Receipt 08 / 22 / 2021  
**Transaction ID : A205FE1EA87324FF9978**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. 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 600.00

Date of Receipt 08 / 01 / 2021  
**Transaction ID : AA5086E3F33224BA1BCB**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
<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. Gale, Howard, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17 Grady Johnson Rd

City Statesboro	State GA	Zip Code 30458-6026
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ankle & Foot Associates	Occupation (for Individual) Podiatric Physician
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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
08	/	21	/	2021

**Transaction ID : AFB153E30003D40CE827**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address 1859 E. Derringer Way

City Chandler	State AZ	Zip Code 85286-1428
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ocotillo Foot and Ankle Center	Occupation (for Individual) Podiatric Physician
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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
08	/	22	/	2021

**Transaction ID : A7656FF73ADB44E4C9B2**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address 36 N. 1100 E. #B

City American Fork	State UT	Zip Code 84003-2918
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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
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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
08	/	19	/	2021

**Transaction ID : A4CBCF8089A864F61A4C**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 15
<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. Ginex, Steven, L., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 77685 Justin Ct.

City Palm Desert	State CA	Zip Code 92211-6238
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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
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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
08	/	21	/	2021

**Transaction ID : A577C092DE64C4B85B0A**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 2703 S.E. G St. #1

City Bentonville	State AR	Zip Code 72712-3741
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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
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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
08	/	21	/	2021

**Transaction ID : A970DF0A04B034CBB993**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address Foot & Ankle Institute  
4650 Southwest Hwy.

City Oak Lawn	State IL	Zip Code 60453-1836
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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
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3333.28

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2021

**Transaction ID : AA61CA7800DDD482F8D9**

Amount of Each Receipt this Period  
416.66

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	766.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 15
<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 ▼ 2400.00

Date of Receipt 08 / 11 / 2021  
**Transaction ID : AAAB59ADC323F42F89EC**

Amount of Each Receipt this Period 300.00

Memo Item

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

Mailing Address St. Johns Clinic-Podiatry SGC  
3231 S. National Ave. #160

City Springfield State MO Zip Code 65807

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 08 / 28 / 2021  
**Transaction ID : ACCB7BE6EE6D441268E8**

Amount of Each Receipt this Period 500.00

Memo Item

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

Mailing Address Gig Harbor Foot & Ankle Clinic  
3309 56th St. #108

City Gig Harbor State WA Zip Code 98335-8580

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

Name of Employer (for Individual) GIG HARBOR FOOT AND ANKLE CLINIC Occupation (for Individual) Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 24 / 2021  
**Transaction ID : AA59C5F3273A647E1BAE**

Amount of Each Receipt this Period 150.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 950.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 15
<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. 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pillsbury Medical Bldg.	Occupation (for Individual) Podiatric Physician
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
336.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2021

**Transaction ID : A8E2FB8F4D43A45538CF**

Amount of Each Receipt this Period  
42.00

Memo Item

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

Mailing Address 350 Kingwood Medical Dr. #150

City Kingwood	State TX	Zip Code 77339-6406
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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
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2021

**Transaction ID : AFF3EA14028B94C87B50**

Amount of Each Receipt this Period  
85.00

Memo Item

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

Mailing Address 519 S. 1800 E.

City Springville	State UT	Zip Code 84663-2610
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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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2021

**Transaction ID : AF4C5B722078A49C49D1**

Amount of Each Receipt this Period  
30.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	157.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 15
	<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"/>	<input type="checkbox"/> 17

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

**A. Pontone, Marilyn, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8118 Northern Rd.

City Minocqua	State WI	Zip Code 54548-9103
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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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2021

**Transaction ID : AFC8E9B6CECF14972828**

Amount of Each Receipt this Period  
150.00

Memo Item

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

Mailing Address 1451 N. Stratford Ln.

City Wichita	State KS	Zip Code 67206-1164
-----------------	-------------	------------------------

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 ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2021

**Transaction ID : A8E2D160A34644078BCC**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address Tanglewood Foot Specialists  
1011 Augusta Dr. #202

City Houston	State TX	Zip Code 77057-2060
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Tanglewood Foot Specialists	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
680.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2021

**Transaction ID : A5D60F6F7B6594CAFBB1**

Amount of Each Receipt this Period  
85.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	285.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 15
	<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	<input type="checkbox"/> 17

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

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

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

City **Park City** State **IL** Zip Code **60085-5701**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **08 / 22 / 2021**

**Transaction ID : A125E8F4212A749C9B25**

Amount of Each Receipt this Period **300.00**

Memo Item

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

Mailing Address **S.W. Podiatry Center, PC**  
**1903 Wyoming Blvd. N.E. #C**

City **Albuquerque** State **NM** Zip Code **87112-2860**

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 **08 / 03 / 2021**

**Transaction ID : A344C07BE0FFF47C982E**

Amount of Each Receipt this Period **300.00**

Memo Item

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

Mailing Address **13607 State Route 422, Suite D**

City **Kittanning** State **PA** Zip Code **16201-3571**

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **08 / 16 / 2021**

**Transaction ID : AAE324EC5F78849A9B3A**

Amount of Each Receipt this Period **500.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **1100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 15
	<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	<input type="checkbox"/> 17

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

**A. Sterling, Harold, D., Dr., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6452 Millennium Dr. #130  
 City Lansing State MI Zip Code 48917-7881  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 09 / 2021  
**Transaction ID : A76BF192BF1F344268D5**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**B. Thomajan, Craig, H., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Austin Foot and Ankle Specialists  
 5000 Bee Caves Rd. #202  
 City West Lake Hills State TX Zip Code 78746-5254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Austin Foot and Ankle Specialists Occupation (for Individual) Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 02 / 2021  
**Transaction ID : A83876F469DAC426EB2C**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Tower, Dyane, E., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9312 Old Georgetown Rd  
 City Bethesda State MD Zip Code 20814-1621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Podiatric Medical Association Occupation (for Individual) Director Clinical Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 666.72

Date of Receipt 08 / 05 / 2021  
**Transaction ID : A4A8FB9A2084547E3B6F**  
 Amount of Each Receipt this Period 83.34  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	533.34
<b>TOTAL</b> This Period (last page this line number only).....	5992.00

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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Capital One Financial (COF)**

Mailing Address P.O. Box 30285

City  
Salt Lake City

State  
UT

Zip Code  
84130-0285

Purpose of Disbursement  
Merchant Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2021

FEC Identification Number

C [REDACTED]

Transaction ID : B1B84FE653I

Amount of Each Disbursement this Period

[REDACTED] 182.87

Memo Item

Full Name (Last, First, Middle Initial)

**B. Square**

Mailing Address

City  
San Francisco

State  
CA

Zip Code  
94103

Purpose of Disbursement  
Bank Fees (credit card processing fees)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 30 / 2021

FEC Identification Number

C [REDACTED]

Transaction ID : BFA05945AD

Amount of Each Disbursement this Period

[REDACTED] 92.64

Memo Item

Full Name (Last, First, Middle Initial)

**C. USAePay**

Mailing Address

City  
Glendale

State  
CA

Zip Code  
91201

Purpose of Disbursement  
Merchant Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 09 / 2021

FEC Identification Number

C [REDACTED]

Transaction ID : B5E58E8A7E

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

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

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

[REDACTED] 300.51

[REDACTED] 300.51