

# 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 Psychiatric Association Political Action Committee

ADDRESS (number and street) 1000 Wilson Boulevard  
Suite1825  
Arlington VA 22209  
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00373696 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  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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

Signature of Treasurer *Keen, David, , ,* [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**American Psychiatric 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="2018"/>		113918.67
(b) Cash on Hand at Beginning of Reporting Period.....	116560.67	
(c) Total Receipts (from Line 19) .....	4774.59	190957.12
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	121335.26	304875.79
7. Total Disbursements (from Line 31).....	15013.36	198553.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	106321.90	106321.90
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

Write or Type Committee Name

**American Psychiatric Association Political Action Committee**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3193.91	129866.55
(ii) Unitemized .....	1003.00	52639.48
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4196.91	182506.03
(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) .....	4196.91	182506.03
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).....	577.68	5951.09
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2500.00
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)).....▶	4774.59	190957.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4774.59	190957.12

**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 .....	513.36	6053.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	513.36	6053.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14500.00	192000.00
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	500.00
(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	500.00
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)) ..	15013.36	198553.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15013.36	198553.89

**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) .....	4196.91	182506.03
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4196.91	182006.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	513.36	6053.89
37. Offsets to Operating Expenditures (from Line 15, page 3).....	577.68	5951.09
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	- 64.32	102.80

**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 Psychiatric Association Political Action Committee**

**A. Albaugh, Mary, Anne, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6155 Bridlewood Dr  
 City Fairview State PA Zip Code 16415-2708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Deerfield Behavioral Health of Warren Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 12 / 2018  
**Transaction ID : C3795284**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Barnett, Debra, Marie, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14437 University Cove Pl  
 City Tampa State FL Zip Code 33613-3741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Psychiatrist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.02

Date of Receipt 10 / 05 / 2018  
**Transaction ID : C3785136**  
 Amount of Each Receipt this Period 166.67  
 Memo Item

**C. Brody, David, W, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1841 Broadway Rm 700  
 City New York State NY Zip Code 10023-7663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Psychiatrist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 10 / 2018  
**Transaction ID : C3786752**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	666.67
<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"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Coyle, Colleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3504 Rustic Way Ln  
 City Falls Church State VA Zip Code 22044-1245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Psychiatric Association Occupation (for Individual) General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 858.00

Date of Receipt 10 / 11 / 2018  
**Transaction ID : C3795276**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 \* Payroll Deduction: (\$39.00 Bi-Weekly)

**B. Gault, Henry, Jay, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 770 Lake Cook Rd  
 City Deerfield State IL Zip Code 60015-4920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Psychiatrist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 02 / 2018  
**Transaction ID : C3784228**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Gorrindo, Tristan, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 Wilson Blvd FI 20  
 City Arlington State VA Zip Code 22209-3927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Psychiatric Association Occupation (for Individual) Director of Education  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 858.00

Date of Receipt 10 / 11 / 2018  
**Transaction ID : C3795277**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 \* Payroll Deduction: (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	328.00
<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"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Hartmann, Peter, M, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2976 Harford Cir  
 City York State PA Zip Code 17404-8463  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 York College Psychiatrist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2018  
**Transaction ID : C3790472**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Herman, Barry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1414 S Penn Sq  
 City Philadelphia State PA Zip Code 19102-2542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 TRIS Pharma Psychiatrist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2018  
**Transaction ID : C3784231**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Keen, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 Wilson Blvd Suite 1825  
 City Arlington State VA Zip Code 22209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 American Psychiatric Association Chief Financial Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 423.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2018  
**Transaction ID : C3795279**  
 Amount of Each Receipt this Period  
 19.24  
 Memo Item  
 \* Payroll Deduction: (\$19.24 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1269.24
<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 Psychiatric Association Political Action Committee**

**A. Lewis, Edward, Thomas, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 45 Sycamore Ave Apt 1421

City Charleston	State SC	Zip Code 29407-6787
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Medical University of SC	Occupation (for Individual) Psychiatrist
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2018

**Transaction ID : C3785096**

Amount of Each Receipt this Period  
41.66

Memo Item

**B. Olla, Michael, , , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1036 Briar Way

City Fort Lee	State NJ	Zip Code 07024-6351
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) 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
10		12		2018

**Transaction ID : C3795289**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Runnels, Patrick, S, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15617 Fernway Rd

City Shaker Heights	State OH	Zip Code 44120-3351
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University Hospitals	Occupation (for Individual) Psychiatrist
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2018

**Transaction ID : C3785166**

Amount of Each Receipt this Period  
83.34

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	625.00
<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 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 Psychiatric Association Political Action Committee**

**A. Suo, Shannon, T, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2126 Hamilton Pl

City El Dorado Hills	State CA	Zip Code 95762-5815
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Psychiatrist
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2018

**Transaction ID : C3785097**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Wright, Sydney, Thurman, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 Munich St

City San Francisco	State CA	Zip Code 94112-2149
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
590.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2018

**Transaction ID : C3787733**

Amount of Each Receipt this Period  
30.00

Memo Item

**C. Zimnitzky, Brian, M, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1431 Q St NW

City Washington	State DC	Zip Code 20009-3807
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Psychiatrist
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2018

**Transaction ID : C3784229**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	305.00
<b>TOTAL</b> This Period (last page this line number only).....	3193.91

**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 type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 Psychiatric Association Political Action Committee**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
American Psychiatric Association

Mailing Address 1000 Wilson Blvd  
Ste 1825

City Arlington State VA Zip Code 22209-3924

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5951.09

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 15 / 2018

**Transaction ID : C3795291**

Amount of Each Receipt this Period  
577.68

Memo Item

Reimbursed Bank Fees

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

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	577.68
<b>TOTAL</b> This Period (last page this line number only).....	577.68

**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 Psychiatric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BB&T**

Mailing Address 3033 Wilson Blvd.

City Arlington State VA Zip Code 22201

Purpose of Disbursement  
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  
10 / 01 / 2018

FEC Identification Number

C  
Transaction ID : D185499  
Amount of Each Disbursement this Period  
418.41

Memo Item

Full Name (Last, First, Middle Initial)

**B. BB&T**

Mailing Address 3033 Wilson Blvd.

City Arlington State VA Zip Code 22201

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2018

FEC Identification Number

C  
Transaction ID : D185500  
Amount of Each Disbursement this Period  
35.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. PayPal, Inc.**

Mailing Address 2145 Hamilton Ave

City San Jose State CA Zip Code 95125-5905

Purpose of Disbursement  
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  
10 / 03 / 2018

FEC Identification Number

C  
Transaction ID : D185501  
Amount of Each Disbursement this Period  
59.95

Memo Item

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

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

513.36  
513.36

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. DOUG JONES FOR US SENATE**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 59285

City BIRMINGHAM State AL Zip Code 35259

Purpose of Disbursement Contribution

Candidate Name JONES, DOUG, , ,

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: AL District:

Date of Disbursement: 10 / 12 / 2018

FEC Identification Number: C00368472  
Transaction ID : D185098  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**B. HEIDI VICTORY FUND**

Full Name (Last, First, Middle Initial)  
Mailing Address 918 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 12 / 2018

FEC Identification Number: C00629253  
Transaction ID : D185313  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. ANDY HARRIS FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 604

City Bel Air State MD Zip Code 21014

Purpose of Disbursement Contribution

Candidate Name Harris, Andy, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: MD District: 01

Date of Disbursement: 10 / 12 / 2018

FEC Identification Number: C00435974  
Transaction ID : D185094  
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

4000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. MATSUI FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 10 / 12 / 2018
Mailing Address PO BOX 1738		FEC Identification Number C00409219 <b>Transaction ID : D185095</b> Amount of Each Disbursement this Period 1000.00
City SACRAMENTO	State CA	Zip Code 95812
Purpose of Disbursement Contribution		Category/ Type
Candidate Name <b>Matsui, Doris, , Rep.,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 06	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. RICHARD E NEAL FOR CONGRESS COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 10 / 12 / 2018
Mailing Address 76 MAGNOLIA TERRACE		FEC Identification Number C00226522 <b>Transaction ID : D185314</b> Amount of Each Disbursement this Period 5000.00
City SPRINGFIELD	State MA	Zip Code 01108
Purpose of Disbursement Contribution		Category/ Type
Candidate Name <b>Neal, Richard, E., Rep.,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA	District: 01	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. MANCHIN FOR WEST VIRGINIA</b>		Date of Disbursement MM / DD / YYYY 10 / 12 / 2018
Mailing Address PO BOX 5202		FEC Identification Number C00486563 <b>Transaction ID : D185096</b> Amount of Each Disbursement this Period 1000.00
City CHARLESTON	State WV	Zip Code 25361
Purpose of Disbursement Contribution		Category/ Type
Candidate Name <b>Manchin, Joe, , Sen., III</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV	District:	<input type="checkbox"/> Memo Item

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

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

7000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. MARTIN HEINRICH FOR SENATE**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 25763

City ALBUQUERQUE State NM Zip Code 87125

Purpose of Disbursement Contribution

Candidate Name Heinrich, Martin, , Sen.,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: NM District:

Date of Disbursement: 10 / 12 / 2018

FEC Identification Number: C00434563  
Transaction ID : D185097  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. TINA SMITH FOR MINNESOTA**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 14362

City SAINT PAUL State MN Zip Code 55114

Purpose of Disbursement Contribution

Candidate Name SMITH, TINA, FLINT, ,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: MN District:

Date of Disbursement: 10 / 12 / 2018

FEC Identification Number: C00663781  
Transaction ID : D185312  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
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:

FEC Identification Number:

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	14500.00