

**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

☐ Check if different than previously reported. (ACC)

Arlington

VA

22209

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00373696

3. IS THIS  
REPORTNEW  
(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 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 Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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 Nicholas Meyers

Signature of Treasurer

Nicholas Meyers

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Psychiatric Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012 To: M M / D D / Y Y Y Y Y Y  
03 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		47594.54
(b) Cash on Hand at Beginning of Reporting Period.....	53894.59	
(c) Total Receipts (from Line 19) .....	34231.37	57248.31
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	88125.96	104842.85
7. Total Disbursements (from Line 31) .....	20115.42	36832.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	68010.54	68010.54
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. 06/2004)

Page 3

Write or Type Committee Name

American Psychiatric Association Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
03 15 2012

To:

M M / D D / Y Y Y Y Y  
03 31 2012
**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).....

21770.00

31935.00

(ii) Unitemized .....

12286.00

24631.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

34056.00

56566.00

(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) ..... ▶

34056.00

56566.00

## 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).....

175.37

682.31

## 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)) ..... ▶

34231.37

57248.31

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

34231.37

57248.31

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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 .....	115.42	682.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	115.42	682.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	36000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	150.00
(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	150.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	20115.42	36832.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20115.42	36832.31

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	34056.00	56566.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	34056.00	56416.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	115.42	682.31
37. Offsets to Operating Expenditures (from Line 15, page 3).....	175.37	682.31
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	-59.95	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 28  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Psychiatric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David D Aryanpur**

Mailing Address 29992 Hunter Rd  
Ste 105-156

City State Zip Code  
Murrieta CA 92563-2769

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2012

**Transaction ID : C1627307**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B. Anthony J Bardinelli**

Mailing Address 510 N Broadway

City State Zip Code  
White Plains NY 10603-3217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2012

**Transaction ID : C1627565**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Donald P Barker**

Mailing Address 212 Grant Ave

City State Zip Code  
Newton Center MA 02459-2077

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2012

**Transaction ID : C1631744**

Amount of Each Receipt this Period

250.00

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

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

900.00

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
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PAGE 7 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Psychiatric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Eugene Becker**

Mailing Address 9 Cedar Dr

City

Great Neck

State

NY

Zip Code

11021-1954

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 20 / 2012

Transaction ID : C1631746

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jeffrey I Bennett**

Mailing Address 700 Williams Blvd

City

Springfield

State

IL

Zip Code

62704-2875

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

03 / 20 / 2012

Transaction ID : C1627318

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Robert Scott Benson**

Mailing Address 5190 Bayou Blvd  
Ste 6

City

Pensacola

State

FL

Zip Code

32503-2162

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 15 / 2012

Transaction ID : C1630566

Amount of Each Receipt this Period

1000.00

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

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

1650.00

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

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FOR LINE NUMBER: PAGE 8 OF 28  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Psychiatric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Adrian C Buckner**

Mailing Address 110 Copper Ct

City State Zip Code  
 Johnson City TN 37601-3059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : C1627294**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

## **B. Ronald M Burd**

Mailing Address PO Box 2010

City State Zip Code  
 Fargo ND 58122-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Merit Care South University

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2012

**Transaction ID : C1627911**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Eugene Cassel**

Mailing Address 1028 Wilson Blvd  
 Ste 1825

City State Zip Code  
 Arlington VA 22209-2202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

American Psychiatric Association

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : C1627286**

Amount of Each Receipt this Period

500.00

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

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

2250.00



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

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FOR LINE NUMBER: PAGE 9 OF 28  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Psychiatric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Colleen Coyle**

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

American Psychiatric Association

Occupation

General Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 27 / 2012

Transaction ID : C1630620

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Mary Helen Davis**

Mailing Address 4001 Dutchmans Ln  
Ste 1A

City

Louisville

State

KY

Zip Code

40207-4731

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

03 / 15 / 2012

Transaction ID : C1627291

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Russell William Denea**

Mailing Address 268 Broadway  
Ste 202

City

Saratoga Springs

State

NY

Zip Code

12866-4271

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 15 / 2012

Transaction ID : C1627290

Amount of Each Receipt this Period

500.00

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

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

1165.00

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

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FOR LINE NUMBER:  
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PAGE 10 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Psychiatric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David R Diaz**

Mailing Address 2601 Cold Spring Rd

City  
Indianapolis

State  
IN

Zip Code  
46222-2202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 15 / 2012

Transaction ID : C1627272

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Michael Francis Engel**

Mailing Address 2935 Wild Juniper Trl

City  
Traverse City

State  
MI

Zip Code  
49686-3855

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 15 / 2012

Transaction ID : C1627287

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. David Fassler**

Mailing Address 86 Lake St

City  
Burlington

State  
VT

Zip Code  
05401-5297

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Otter Creek Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 15 / 2012

Transaction ID : C1627277

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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FOR LINE NUMBER: PAGE 11 OF 28  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Psychiatric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. William Clark Fuller**

Mailing Address 4400 W 69th St  
Ste 1500

City State Zip Code  
Sioux Falls SD 57108-8171

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : C1627284**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. John Oliver Gaston**

Mailing Address 5229 Sandlewood Ct

City State Zip Code  
Marietta GA 30068-2887

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2012

**Transaction ID : C1627403**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Jeffrey C Glass**

Mailing Address 120 Vantis  
Ste 540

City State Zip Code  
Aliso Viejo CA 92656-2688

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : C1630582**

Amount of Each Receipt this Period

365.00

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

1115.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Psychiatric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gordon Gary Globus**

Mailing Address 2990 Zurich Ct

City

Laguna Beach

State

CA

Zip Code

92651-2052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 20 / 2012

Transaction ID : C1627530

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Marc David Graff**

Mailing Address 18040 Sherman Way

City

Reseda

State

CA

Zip Code

91335-4631

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 15 / 2012

Transaction ID : C1627296

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Linda J Griffith**

Mailing Address 114 W North College St

City

Yellow Springs

State

OH

Zip Code

45387-1536

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 20 / 2012

Transaction ID : C1627851

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

PAGE 13 OF 28

<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**

Full Name (Last, First, Middle Initial)

**A. Richard Kent Harding**Mailing Address 3555 Harden Street Ext  
Ste 301

City	State	Zip Code
Columbia	SC	29203-6894

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2012

Transaction ID : C1627726

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Shivkumar S Hatti**Mailing Address 107 Chesley Dr  
Ste 4

City	State	Zip Code
Media	PA	19063-1760

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2012

Transaction ID : C1630574

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Elizabeth C Henderson**

Mailing Address 5709 Martin Loop

City	State	Zip Code
Fort Benning	GA	31905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Martin Army Community Hospital

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2012

Transaction ID : C1627772

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Psychiatric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gary Mayes Henschen**

Mailing Address PO Box 1619

City

Alpharetta

State

GA

Zip Code

30009-1619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 15 / 2012

Transaction ID : C1627274

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Robert William Johnson**

Mailing Address 2251 Pimmit Dr  
Ste C3

City

Falls Church

State

VA

Zip Code

22043-2832

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 15 / 2012

Transaction ID : C1630572

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. George Edward Kalousek**

Mailing Address 11287 Ranch Pl

City

Denver

State

CO

Zip Code

80234-2626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 15 / 2012

Transaction ID : C1627302

Amount of Each Receipt this Period

1000.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 15 OF 28  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Psychiatric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Judith F Kashtan**

Mailing Address 825 Nicollet Mall

1246 Medical Arts Building

City

Minneapolis

State

MN

Zip Code

55402-2606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2012

**Transaction ID : C1627910**

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**B. Michael C Kenin**

Mailing Address 1236 Park Ave

City

New York

State

NY

Zip Code

10128-1717

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2012

**Transaction ID : C1627790**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Saul Marc Levin**

Mailing Address 21115 Kansas Ave

City

Chestertown

State

MD

Zip Code

21620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2012

**Transaction ID : C1628584**

Amount of Each Receipt this Period

500.00

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

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

1270.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Psychiatric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Benjamin Liptzin**

Mailing Address 759 Chestnut St

City

Springfield

State

MA

Zip Code

01199-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 19 / 2012

Transaction ID : C1630589

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Benjamin Liptzin**

Mailing Address 759 Chestnut St

City

Springfield

State

MA

Zip Code

01199-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 20 / 2012

Transaction ID : C1627535

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. John Losins**

Mailing Address 111 Top of the Rock Drive

City

Morgantown

State

WV

Zip Code

26508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

West Virginia University

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 15 / 2012

Transaction ID : C1630584

Amount of Each Receipt this Period

500.00

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

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

1500.00



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

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

FOR LINE NUMBER: PAGE 17 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. James Edward Nininger

Mailing Address 10 E 78th St  
Ste 5ACity State Zip Code  
New York NY 10075-1734FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 20 / 2012

Transaction ID : C1628826

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Paul J O'Leary

Mailing Address 1225 50th St S

City State Zip Code  
Birmingham AL 35222-3915FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 15 / 2012

Transaction ID : C1627289

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. John M Oldham

Mailing Address 4017 Overbrook Ln.

City State Zip Code  
Houston TX 77027FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

The Menninger Clinic

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 15 / 2012

Transaction ID : C1627300

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Psychiatric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lilia Maria Ortiz**

Mailing Address 4509 Mokry Dr

City

Crp Christi

State

TX

Zip Code

78415-2743

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2012

**Transaction ID : C1627445**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B. John J Palmieri**

Mailing Address 57 Green St  
# 1

City

Charlestown

State

MA

Zip Code

02129-2531

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : C1627275**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Vivian Blotnick Pender**

Mailing Address 145 W 86th St  
Apt 1C

City

New York

State

NY

Zip Code

10024-3421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : C1627299**

Amount of Each Receipt this Period

500.00

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

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

1150.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Psychiatric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Barry Bruce Perlman**

Mailing Address 515 W End Ave

City  
New York

State  
NY

Zip Code  
10024-4345

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 15 / 2012

**Transaction ID : C1627280**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Edward Pontius**

Mailing Address 16 Muddy River Ln

City  
Topsham

State  
ME

Zip Code  
04086-5355

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 20 / 2012

**Transaction ID : C1627504**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Pamela M Powers**

Mailing Address 10280 W Middle Place Rd

City  
Prescott

State  
AZ

Zip Code  
86305-9480

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 15 / 2012

**Transaction ID : C1630595**

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Psychiatric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Patricia Ryan Recupero**

Mailing Address 345 Blackstone Blvd

City

Providence

State

RI

Zip Code

02906-4800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Butler Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2012

**Transaction ID : C1627303**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. L. Mark Russakoff**

Mailing Address 701 N Broadway

City

Sleepy Hollow

State

NY

Zip Code

10591-1020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2012

**Transaction ID : C1627323**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Leslie Seerest**

Mailing Address 5430 Wateka Dr

City

Dallas

State

TX

Zip Code

75209-5514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : C1630577**

Amount of Each Receipt this Period

370.00

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

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

1120.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Psychiatric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ann T Sullivan**

Mailing Address 14 Stuyvesant Oval  
Apt 9F

City State Zip Code  
New York NY 10009-2229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : C1630580**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jane M Theobald**

Mailing Address 8303 Dodge St

City State Zip Code  
Omaha NE 68114-4108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Methodist Estabrook Cancer Center

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : C1627273**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Sul Ross Olen Thorward**

Mailing Address 222 Tongass Dr

City State Zip Code  
Sitka AK 99835-9416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Haa Toowoo Naakw Hit SEARHC

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2012

**Transaction ID : C1627401**

Amount of Each Receipt this Period

1000.00

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

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

1500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Psychiatric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Roger Dale Walker**

Mailing Address 3181 SW Sam Jackson Park Rd  
Gh-151

City State Zip Code  
Portland OR 97239-3011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oregon Health Science University

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : C1630579**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

## **B. Eric R Williams**

Mailing Address 708 Cottontail Ct S

City State Zip Code  
Columbia SC 29229-9485

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : C1627269**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Phillip E Wilson**

Mailing Address 518 D St

City State Zip Code  
Salt Lake City UT 84103-2830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Utah

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : C1627282**

Amount of Each Receipt this Period

250.00

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

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

900.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Psychiatric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. William M Womack**

Mailing Address PO Box 356560

City  
Seattle

State  
WA

Zip Code  
98195-6560

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Washington School of Med

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : C1627276**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Barbara L Yates**

Mailing Address 2000 Alameda De Las Pulgas  
Ste 240

City

San Mateo

State

CA

Zip Code

94403-1271

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : C1627301**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

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

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

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

500.00

21770.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 28

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Psychiatric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. American Psychiatric Association**

Mailing Address 1000 Wilson Blvd  
Ste 1825

City State Zip Code  
Arlington VA 22209-3924

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

682.31

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 20 / 2012

**Transaction ID : C1630604**

Amount of Each Receipt this Period

115.42

Refund of Bank Fees

Full Name (Last, First, Middle Initial)

## **B. American Psychiatric Association**

Mailing Address 1000 Wilson Blvd  
Ste 1825

City State Zip Code  
Arlington VA 22209-3924

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

682.31

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 30 / 2012

**Transaction ID : C1630605**

Amount of Each Receipt this Period

59.95

Refund of Credit Card Processing Fees

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

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

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

175.37

175.37



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

PAGE 25 OF 28

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Bank of America N.A.**

Mailing Address PO Box 27025

City  
RichmondState  
VAZip Code  
23261-7025Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                  District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

Transaction ID : D127306

Amount of Each Disbursement this Period

115.42

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                  District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                  District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

115.42

115.42

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

PAGE 26 OF 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH**

Mailing Address 7804 Evening Lane

City	State	Zip Code
Alexandria	VA	22306

Purpose of Disbursement  
Contribution

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		15		2012

**Transaction ID : D126988**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. PALLONE FOR CONGRESS**

Mailing Address PO Box 3176

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Frank Pallone Jr.**

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

Disbursement For:	2012
	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		15		2012

**Transaction ID : D126987**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. JOHN SULLIVAN FOR CONGRESS INC**

Mailing Address PO Box 470840

City	State	Zip Code
Tulsa	OK	74147-0840

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. John Sullivan**

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

Disbursement For:	2012
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: OK District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		29		2012

**Transaction ID : D127295**

Amount of Each Disbursement this Period

500.00
--------

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

8000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. JOHN SULLIVAN FOR CONGRESS INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	29	/	2012

Mailing Address PO Box 470840

City	State	Zip Code
Tulsa	OK	74147-0840

**Transaction ID : D127296**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**Rep. John Sullivan**Category/  
Type

2000.00
---------

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: OK	District: 01	

Full Name (Last, First, Middle Initial)

**B. MICHAEL BURGESS FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	15	/	2012

Mailing Address PO Box 2334

City	State	Zip Code
Denton	TX	76202

**Transaction ID : D126989**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**Rep. Michael C. Burgess**Category/  
Type

1500.00
---------

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TX	District: 26	

Full Name (Last, First, Middle Initial)

**C. TIM MURPHY FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	15	/	2012

Mailing Address P.O. BOX 24551

City	State	Zip Code
PITTSBURGH	PA	15234

**Transaction ID : D126986**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**Rep. Tim Murphy**Category/  
Type

3500.00
---------

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: PA	District: 18	

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

7000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTICS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2012

Mailing Address 228 S. Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type**Transaction ID : D127297**

Amount of Each Disbursement this Period

5000.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**B.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

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

5000.00

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

20000.00