



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Psychiatric Association Political Action Committee

Report Covering the Period: From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		48470.06
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	9766.55									
(c) Total Receipts (from Line 19) .....	32719.00	291049.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	42485.55	339519.06								
7. Total Disbursements (from Line 31) .....	21500.00	318533.51								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	20985.55	20985.55								
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: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

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	20615.00	128251.00
(i) Itemized (use Schedule A) .....	12104.00	159298.00
(ii) Unitemized .....	32719.00	287549.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(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) .....	32719.00	287549.00
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) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	3500.00
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 Transfer (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)) .....	32719.00	291049.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	32719.00	291049.00

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	0.00	80908.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	80908.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21500.00	233800.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	3825.00
(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	3825.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	21500.00	318533.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21500.00	318533.51

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	32719.00	287549.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	3825.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32719.00	283724.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	80908.51
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	80908.51

**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 / 40
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jeffrey Akaka		Date of Receipt MM / DD / YYYY 10 / 27 / 2008		
	Mailing Address PO Box 11780		<b>Transaction ID:</b> 2fd17fd0608d01802ae		
	City Honolulu	State HI	Zip Code 96828-0780	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Self-Employed	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mary A. Albaugh		Date of Receipt MM / DD / YYYY 11 / 21 / 2008		
	Mailing Address 6155 Bridlewood Drive		<b>Transaction ID:</b> 9960a53cd9d41c1ab3a		
	City Fairview	State PA	Zip Code 16415-2708	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Safe Harbor Behavioral Health	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Edmond N. Amyot		Date of Receipt MM / DD / YYYY 11 / 13 / 2008		
	Mailing Address 211 Church Street		<b>Transaction ID:</b> 5f4868f8e674a62ba77		
	City Saratoga Springs	State NY	Zip Code 12866-1003	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Saratoga County Mental Hospital	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>600.00</b>
<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 / 40
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Eugene Becker		Date of Receipt
	Mailing Address 9 Cedar Drive		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Great Neck	NY	11021-1954
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 45411c95c1e63b8cf26
Name of Employer Self-Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="500.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mary E. Beegle		Date of Receipt
	Mailing Address 1781 39th St. S Apt. 110		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Fargo	ND	58103-7178
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> cf7d363160d3293dd44
Name of Employer Self-Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="425.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Seymour H. Block		Date of Receipt
	Mailing Address 310 E Shore Road Suite 201		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Great Neck	NY	11023-2432
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> c97116edd8fe66c51d9
Name of Employer Self-Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="600.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 8 / 40  
(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

**A.** Full Name (Last, First, Middle Initial)  
Christopher D. Bojrab

Mailing Address 703 Pro-Med Lane Suite 200

City State Zip Code  
Carmel IN 46032-5318

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

Name of Employer Self-Employed Occupation  
Self-Employed Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt  
MM / DD / YYYY  
11 / 05 / 2008

**Transaction ID:** 788f7389638998882fe

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
Debra A. Bolick

Mailing Address 255 18th Street Southeast

City State Zip Code  
Hickory NC 28602-1364

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

Name of Employer Self-Employed Occupation  
Self-Employed Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 28 / 2008

**Transaction ID:** b77805673a5fae12e66

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Robert L. Boyd

Mailing Address 301 Keithwood Road

City State Zip Code  
Wynnewood PA 19096-1213

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

Name of Employer Self-Employed Occupation  
Self-Employed Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 17 / 2008

**Transaction ID:** aa2b0998ea92623135d

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

**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: PAGE 9 / 40  
(check only one)

<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.**

Full Name (Last, First, Middle Initial)  
Donald R. Brada

Mailing Address 1010 N Kansas Street

City State Zip Code  
Wichita KS 67214-3124

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
KUSM Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt MM / DD / YYYY  
10 / 21 / 2008

**Transaction ID:** 8266e97d0d65828aabd

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Suzanne M. Bruch

Mailing Address 30 Valley Road

City State Zip Code  
San Carlos CA 94070-2035

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 MM / DD / YYYY  
10 / 27 / 2008

**Transaction ID:** 89537fb74c8a01a1803

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Joanne Caring

Mailing Address 115 E 87th Street Apt. 25A

City State Zip Code  
New York NY 10128-1171

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 MM / DD / YYYY  
10 / 23 / 2008

**Transaction ID:** 499c902bf4a9d5c5e3d

Amount of Each Receipt this Period 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... 650.00

**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: PAGE 10 / 40  
(check only one)

<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.**

Full Name (Last, First, Middle Initial)  
Walter A. Chameides

Mailing Address 823 S Atlantic Boulevard

City Monterey Park State CA Zip Code 91754-4721

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 11 / 21 / 2008

Transaction ID: b40ae1df3c3f996fe90

Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Norman A. Chapman

Mailing Address 420 Lake Cook Road Suite 115

City Deerfield State IL Zip Code 60015-4914

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 10 / 16 / 2008

Transaction ID: 48eee79d7c93965fff0

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Daniel C. Dahl

Mailing Address 1713 6th Avenue South  
Department of Psychiatry

City Birmingham State AL Zip Code 35294-0001

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

Name of Employer UAB Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 13 / 2008

Transaction ID: 53e514bb186fd8a9e05

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

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

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

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

FOR LINE NUMBER: PAGE 11 / 40  
(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

**A.** Full Name (Last, First, Middle Initial)  
David M. Davis

Mailing Address 20101 Southwest Birch Street Suite

City State Zip Code  
Newport Beach CA 92660-1749

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

Name of Employer Self-Employed 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  
1 0 / 1 6 / 2 0 0 8

**Transaction ID:** aa364e8d623a9392332

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
John L. Dupre

Mailing Address 192 Grand View Avenue

City State Zip Code  
San Francisco CA 94114-2732

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

Name of Employer Self-Employed 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  
1 0 / 2 6 / 2 0 0 8

**Transaction ID:** 796adc7f5a13f0db0cc

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
John M. Dusay

Mailing Address 2250 Green Street Apt. 3

City State Zip Code  
San Francisco CA 94123-4738

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

Name of Employer Self-Employed 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  
1 1 / 2 1 / 2 0 0 8

**Transaction ID:** 53299164f195be935bb

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **700.00**

**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: PAGE 12 / 40  
(check only one)

<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.**

Full Name (Last, First, Middle Initial)  
Gail A. Edelson

Mailing Address 70 High Point W

City State Zip Code  
Huntingdon Valley PA 19006-4318

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

Name of Employer Self-Employed 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  
1 1 / 2 1 / 2 0 0 8

**Transaction ID:** cc1a383949ef07b4bd6

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Ellen L. Edens

Mailing Address 7715 Cornell Avenue

City State Zip Code  
Saint Louis MO 63130-2802

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

Name of Employer Self-Employed Occupation  
Self-Employed Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

**Transaction ID:** ad3eb7596bbd512c52b

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Tiffany R. Farchione

Mailing Address 5850 Centre Avenue  
Apt. 204

City State Zip Code  
Pittsburgh PA 15206

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

Name of Employer Self-Employed Occupation  
Western Psychiatric Institute & Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

**Transaction ID:** 8b16f27b8bd034e0e4e

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **250.00**

**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: PAGE 13 / 40  
(check only one)

<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.** Full Name (Last, First, Middle Initial)  
William P. Fowler

Mailing Address 190 Presidential Boulevard Unit 51

City State Zip Code  
Bala Cynwyd PA 19004-1105

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 ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 8

**Transaction ID:** de1742e8a23fe0955f7

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Kurt L. Fox

Mailing Address PO Box 39  
921 Hamlet Drive

City State Zip Code  
Avon MN 56310-0039

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  
1 0 / 1 6 / 2 0 0 8

**Transaction ID:** 8778ec0a10e9cff3f08

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Andrew J. Francis

Mailing Address Suny Hlth Sciences T-10

City State Zip Code  
Stony Brook NY 11794-0001

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

Name of Employer SUNY 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  
1 0 / 2 4 / 2 0 0 8

**Transaction ID:** 34622e1ca2c635493aa

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **450.00**

**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 / 40
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Heather M. Fretwell	Date of Receipt MM / DD / YYYY 10 / 24 / 2008
	Mailing Address 4326 Northeastern Avenue	<b>Transaction ID:</b> ccc37c9df676efd56aa
	City State Zip Code Indianapolis IN 46239-1470	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self-Employed Occupation Physician	Aggregate Year-to-Date 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b>	Full Name (Last, First, Middle Initial) John W. Garland	Date of Receipt MM / DD / YYYY 10 / 21 / 2008
	Mailing Address 664 Lanier Park Dr. Suite A	<b>Transaction ID:</b> a1ad88201a66234c5d4
	City State Zip Code Gainesville GA 30501-2096	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self-Employed Occupation Physician	Aggregate Year-to-Date 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b>	Full Name (Last, First, Middle Initial) David L. Ginsberg	Date of Receipt MM / DD / YYYY 10 / 16 / 2008
	Mailing Address 530 1st Avenue # 7D	<b>Transaction ID:</b> 68b6526e2409399b010
	City State Zip Code New York NY 10016-6402	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer NY University Medical Center Occupation Physician	Aggregate Year-to-Date 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<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: PAGE 15 / 40  
(check only one)

<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.**

Full Name (Last, First, Middle Initial)  
Stuart M. Graves

Mailing Address 16 Yandow Drive

City State Zip Code  
South Burlington VT 05403-7843

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

Name of Employer Washington County Mental Health  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2008

**Transaction ID:** fefdcc4ee3e71e5caa1

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Ronald L. Green

Mailing Address 1 Medical Center Drive

City State Zip Code  
Lebanon NH 03756-1000

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

Name of Employer DHMC  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
10 / 20 / 2008

**Transaction ID:** 66350a6b428f0525941

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
William M. Greenberg

Mailing Address 233 Mulberry Road

City State Zip Code  
Ramsey NJ 07446-1159

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 ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
11 / 08 / 2008

**Transaction ID:** 042da4bfa21bb7ddf18

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 40  
(check only one)

<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.**

Full Name (Last, First, Middle Initial)  
Linda J. Griffith

Mailing Address 114 W North College Street

City State Zip Code  
Yellow Springs OH 45387-1536

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

Name of Employer Self-Employed 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  
1 0 / 2 1 / 2 0 0 8

**Transaction ID:** 9275384aa2c4401d84b

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Philip A. Grossi

Mailing Address 3425 S Bascom Avenue Suite C

City State Zip Code  
Campbell CA 95008-7300

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

Name of Employer Self-Employed Occupation  
Self-Employed Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

**Transaction ID:** d5129e79cc2c5972ee8

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Jennifer H. Gunn

Mailing Address 103 W Seneca Street

City State Zip Code  
Ithaca NY 14850-4145

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

Name of Employer Self-Employed 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  
1 1 / 2 1 / 2 0 0 8

**Transaction ID:** 46f1b8b20c7bbebe988

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **700.00**

**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 17 / 40
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) David B. Henley		Date of Receipt MM / DD / YYYY 10 / 30 / 2008		
	Mailing Address 630 Teetor Road		<b>Transaction ID:</b> 2de6e6924b4e85f760f		
	City Hagerstown	State IN	Zip Code 47346-9617	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeffrey W. Hermann		Date of Receipt MM / DD / YYYY 10 / 16 / 2008		
	Mailing Address 730 Cricket Glen Road		<b>Transaction ID:</b> 4d686a46496056a36c9		
	City Hummelstown	State PA	Zip Code 17036-8547	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 450.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Christina L. Herring		Date of Receipt MM / DD / YYYY 11 / 12 / 2008		
	Mailing Address 1030 E Lancaster Avenue Suite L6		<b>Transaction ID:</b> 950dc433d8213fbbcf4		
	City Bryn Mawr	State PA	Zip Code 19010-1459	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 450.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	550.00
<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: PAGE 18 / 40  
(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

**A.** Full Name (Last, First, Middle Initial)  
Lewis D. Hoover

Mailing Address 49 Old Solomons Island Road Suite

City State Zip Code  
Annapolis MD 21401-3870

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation  
Self-Employed Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt MM / DD / YYYY  
10 / 27 / 2008

**Transaction ID:** cd6a685c2b7ce90ddfb

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Constantine Ioannou

Mailing Address 41 Forest Avenue Suite 6

City State Zip Code  
Glen Cove NY 11542-2121

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation  
Self-Employed Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
11 / 13 / 2008

**Transaction ID:** fcd2befd963ae994be8

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey S. Janofsky

Mailing Address 30 E Padonia Road Suite 206

City State Zip Code  
Luthvle Timon MD 21093-2308

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation  
Self-Employed Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
10 / 16 / 2008

**Transaction ID:** f1afa5afc267f7c0cdc

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 40
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Sheila Judge		Date of Receipt	
	Mailing Address PO Box 37		M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 6c009fa875936808d56
	Gwynedd	PA	19436-0037	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		500.00		
Name of Employer Self-Employed		Occupation		
Self-Employed		Physician		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		500.00		
<input type="checkbox"/> Other (specify) ▼				

<b>B.</b>	Full Name (Last, First, Middle Initial) Judith P. Kane		Date of Receipt	
	Mailing Address 315 W Wall Street Suite 100		M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> deb8164771c8bf7bc16
	Grapevine	TX	76051-5202	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00		
Name of Employer Self-Employed		Occupation		
Self-Employed		Physician		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		250.00		
<input type="checkbox"/> Other (specify) ▼				

<b>C.</b>	Full Name (Last, First, Middle Initial) David M. Ledner		Date of Receipt	
	Mailing Address 5 Hillcrest Avenue		M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 8f7125e3dbed4bc25f8
	Mont Vernon	NH	03057-1629	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		50.00		
Name of Employer Self-Employed		Occupation		
Self-Employed		Physician		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		250.00		
<input type="checkbox"/> Other (specify) ▼				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	800.00
<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: PAGE 20 / 40  
(check only one)

<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.**

Full Name (Last, First, Middle Initial)  
L.D. Levi

Mailing Address 2112 F Street Northwest Suite 502

City Washington State DC Zip Code 20037-2761

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  
1 0 / 2 3 / 2 0 0 8

**Transaction ID:** 3610c24aabc70244feb

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Brian P. Lipton

Mailing Address 1111 Park Avenue

City New York State NY Zip Code 10128-1234

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 ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

**Transaction ID:** d353a25ff84fa6bdd57

Amount of Each Receipt this Period  
150.00

**C.**

Full Name (Last, First, Middle Initial)  
Laurence S. Lorefice

Mailing Address 39 Ballwood Road

City Old Greenwich State CT Zip Code 06870-2332

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 ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

**Transaction ID:** e29edd802f3fae3a027

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **650.00**

**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: PAGE 21 / 40

(check only one)

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Douglas A. Marcus		Date of Receipt
	Mailing Address 151 Broadway		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Amityville	NY	11701-2729
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self-Employed		Occupation Physician	<b>Transaction ID:</b> 233d1b27a6b3f42f3f8
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>	<input type="text" value="100.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Judith A. Marcus		Date of Receipt
	Mailing Address 34 Elm Street		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Great Neck	NY	11021-1941
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self-Employed		Occupation Physician	<b>Transaction ID:</b> d881b18e97016754f6a
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="450.00"/>	<input type="text" value="100.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) David J. Markowitz		Date of Receipt
	Mailing Address 6714 Patterson Avenue		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Richmond	VA	23226-3432
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self-Employed		Occupation Physician	<b>Transaction ID:</b> 3c3262df4ccbe49ed26
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>	<input type="text" value="100.00"/>

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 40

(check only one)

<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.**

Full Name (Last, First, Middle Initial)  
Catherine S. May

Mailing Address 2000 P Street Northwest Suite 601

City State Zip Code  
Washington DC 20036-6971

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

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 6bada72bf190764578c

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Edwards U. Mc Reynolds

Mailing Address 1640 Norfolk St. # B

City State Zip Code  
Houston TX 77006-5229

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 ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 8dc7a364f1653a5845e

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
Stephen A. McLeod-Bryant

Mailing Address PO Box 250861

City State Zip Code  
Charleston SC 29425-0861

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  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 4b708f12039a7acf1c0

Amount of Each Receipt this Period

250.00

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

850.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 40

(check only one)

<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.**

Full Name (Last, First, Middle Initial)  
T. C. Merritt

Mailing Address 6817 Southpoint Parkway Suite 304

City State Zip Code  
Jacksonville FL 32216-6287

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  
1 1 / 0 7 / 2 0 0 8

Transaction ID: f27524553404056ce98

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Sheldon J. Meyers

Mailing Address 122 S Michigan Avenue Suite 1305

City State Zip Code  
Chicago IL 60603-6191

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 ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: eb2bb8a426e0a4ccd98

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Michaela S. Mohr

Mailing Address 1514 Emerson Avenue

City State Zip Code  
Salt Lake Cty UT 84105-2728

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 ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: 4c3e617466fc73962c8

Amount of Each Receipt this Period  
200.00

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

550.00

**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: PAGE 24 / 40  
(check only one)

<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.**

Full Name (Last, First, Middle Initial)  
Luke J. Moix

Mailing Address 1700 Pierce Street Suite 205

City San Francisco State CA Zip Code 94115-6114

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: 10 / 16 / 2008

Transaction ID: 8bb435dc6ecef39e9ad

Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Sachin B. Nagarkar

Mailing Address 3046 Gaslight Drive

City Bay City State MI Zip Code 48706-9604

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 ▼ 300.00

Date of Receipt: 11 / 06 / 2008

Transaction ID: c2581f0836181b88659

Amount of Each Receipt this Period: 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Judith A. Nowak

Mailing Address 908 New Hampshire Avenue Northwest

City Washington State DC Zip Code 20037-2349

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 ▼ 300.00

Date of Receipt: 11 / 08 / 2008

Transaction ID: 3265c75066daaa7e264

Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 450.00

**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: PAGE 25 / 40

(check only one)

<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.

Full Name (Last, First, Middle Initial)  
John P. O'Reardon

Mailing Address 8 Oakley Court

City State Zip Code  
Cherry Hill NJ 08003-2225

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

Name of Employer Self-Employed 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  
1 1 / 0 7 / 2 0 0 8

Transaction ID: 53ad78c0245fde00fe2

Amount of Each Receipt this Period  
200.00

B.

Full Name (Last, First, Middle Initial)  
Lilia M. Ortiz

Mailing Address 4509 Mokry Drive

City State Zip Code  
Crp Christi TX 78415-2743

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

Name of Employer Self-Employed Occupation  
Self-Employed Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: 83a521ab9f9cf8c6fe6

Amount of Each Receipt this Period  
250.00

C.

Full Name (Last, First, Middle Initial)  
Norma C. Panahon

Mailing Address 12 Hidden Pines Court

City State Zip Code  
East Amherst NY 14051-1688

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

Name of Employer Self-Employed Occupation  
Self-Employed Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 30c530c432f615f3340

Amount of Each Receipt this Period  
250.00

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

700.00

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: PAGE 26 / 40

(check only one)

<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.**

Full Name (Last, First, Middle Initial)

Jack L. Potts

Mailing Address 221 E Indianola Avenue

City State Zip Code  
Phoenix AZ 85012-2002

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 ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 0 8

Transaction ID: da2202d4ddec1950d79

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

John N. Richie

Mailing Address 2508 Bert Kouns Industrial Loop Su

City State Zip Code  
Shreveport LA 71118-3175

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  
1 1 / 2 1 / 2 0 0 8

Transaction ID: 7ff72a21d981d46c7ec

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)

Gordon T. Risk

Mailing Address PO Box 12005

City State Zip Code  
Kansas City KS 66112-0005

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

Name of Employer Wyandot Center Occupation  
Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: aaab02c30a0a10b5408

Amount of Each Receipt this Period  
100.00

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

450.00

**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: PAGE 27 / 40  
(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

**A.** Full Name (Last, First, Middle Initial)  
Graham A. Rogeness

Mailing Address 3046 Colony Drive

City San Antonio State TX Zip Code 78230-3416

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 ▼ 300.00

Date of Receipt 11 / 13 / 2008  
Transaction ID: 836bccde8db5a2d5446  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Deborah S. Rose

Mailing Address 750 Welch Road Suite 220

City Palo Alto State CA Zip Code 94304-1509

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 ▼ 550.00

Date of Receipt 10 / 23 / 2008  
Transaction ID: 0a4933da39008f2105f  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
David L. Rosenberg

Mailing Address 1893 Sheridan Road Suite 217

City Highland Park State IL Zip Code 60035-2637

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 ▼ 200.00

Date of Receipt 10 / 24 / 2008  
Transaction ID: c3cf3d858305cbda342  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 300.00

**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: PAGE 28 / 40  
(check only one)

<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.** Full Name (Last, First, Middle Initial)  
Katherine S. Sanborn

Mailing Address 1101 University Avenue

City Palo Alto State CA Zip Code 94301-2239

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 ▼ 450.00

Date of Receipt 10 / 23 / 2008

Transaction ID: 399619901ed523f7c67

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Donald A. Schexnayder

Mailing Address 4622 Hamblin Drive

City Baton Rouge State LA Zip Code 70809

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 ▼ 300.00

Date of Receipt 11 / 13 / 2008

Transaction ID: 8baa4a8d5db5ba63f04

Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
Harold I. Schwartz

Mailing Address 200 Retreat Avenue

City Hartford State CT Zip Code 06106-3309

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

Name of Employer Institute of Living Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 13 / 2008

Transaction ID: 7c0befc6d64ba4d09fd

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 700.00

**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: PAGE 29 / 40

(check only one)

<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.**

Full Name (Last, First, Middle Initial)  
Ramakrishnan Shenoy

Mailing Address 1309 Port Elissa Landing

City State Zip Code  
Midlothian VA 23114-7154

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

Name of Employer Self-Employed Occupation  
Self-Employed Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: 046eada29eb3575ba25

Amount of Each Receipt this Period

200.00
--------

**B.**

Full Name (Last, First, Middle Initial)  
Ramakrishnan Shenoy

Mailing Address 1309 Port Elissa Landing

City State Zip Code  
Midlothian VA 23114-7154

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

Name of Employer Self-Employed Occupation  
Self-Employed Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 8

Transaction ID: 627575d48528027fef1

Amount of Each Receipt this Period

200.00
--------

**C.**

Full Name (Last, First, Middle Initial)  
Clifford H. Siegel

Mailing Address 9 Red Fox Lane

City State Zip Code  
Greenwood Village CO 80111-1440

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

Name of Employer Self-Employed Occupation  
Self-Employed Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 8

Transaction ID: dc61c769b8c2ebf2efd

Amount of Each Receipt this Period

200.00
--------

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

600.00
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**TOTAL** This Period (last page this line number only) ..... ▶

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 40

(check only one)

<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.**

Full Name (Last, First, Middle Initial)  
Gurdial N. Singh

Mailing Address 239 W Commerce Street

City State Zip Code  
Shamokin PA 17872-5357

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

Name of Employer Occupation  
Downtown Medical Center Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: 24f8efb01d65f0ba2e8

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
Eugene F. Smith

Mailing Address 138 Brookhaven Drive

City State Zip Code  
Moore SC 29369-9750

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

Name of Employer Occupation  
Self-Employed Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: 3d79abf6d9f6078d4f7

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Eliot Sorel

Mailing Address 2301 E Street Northwest # 1101

City State Zip Code  
Washington DC 20037-2829

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

Name of Employer Occupation  
Self-Employed Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: 2a464213fc9e578cc4e

Amount of Each Receipt this Period

100.00

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

450.00

**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: PAGE 31 / 40  
(check only one)

<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.** Full Name (Last, First, Middle Initial)  
Janet M. Spraggins

Mailing Address 780 Welch Road Suite 207

City Palo Alto State CA Zip Code 94304-1518

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: 11 / 13 / 2008  
**Transaction ID:** d415bfad6a6f2efbd72  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Robert W. Stanton

Mailing Address 1601 Walnut Street Suite 1009

City Philadelphia State PA Zip Code 19102-2906

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: 10 / 23 / 2008  
**Transaction ID:** 526ae368dddada7b689  
Amount of Each Receipt this Period: 50.00

**C.** Full Name (Last, First, Middle Initial)  
Emily S. Stein

Mailing Address 245 E 54th Street Apt. 3R

City New York State NY Zip Code 10022-4716

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: 11 / 14 / 2008  
**Transaction ID:** 6d2140a14a0993dc4c0  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **550.00**

**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: PAGE 32 / 40  
(check only one)

<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.**

Full Name (Last, First, Middle Initial) Belinda Straight		Date of Receipt MM / DD / YYYY 10 / 23 / 2008
Mailing Address 3900 Watson Place Northwest		<b>Transaction ID:</b> 8a26da062c2451250db
City Washington	State Zip Code DC 20016-5416	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**B.**

Full Name (Last, First, Middle Initial) John C. Strunk		Date of Receipt MM / DD / YYYY 10 / 20 / 2008
Mailing Address 205 Willowbrook Terrace		<b>Transaction ID:</b> 2731e1f0a6af3ad0429
City Dothan	State Zip Code AL 36301-1275	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

**C.**

Full Name (Last, First, Middle Initial) Peter E. Tanguay		Date of Receipt MM / DD / YYYY 11 / 13 / 2008
Mailing Address 1129 Cardinal Drive		<b>Transaction ID:</b> d98c7cc3acfbba7dd936
City Louisville	State Zip Code KY 40213-1363	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	350.00
<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: PAGE 33 / 40  
(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

**A.** Full Name (Last, First, Middle Initial)  
Alan J. Tuckman

Mailing Address Summit Professional Building  
971 Route 45

City Pomona State NY Zip Code 10970

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 ▼ 650.00

Date of Receipt 10 / 17 / 2008

Transaction ID: fbc644c4fcee44d5431

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Anna H. Vander Schraaf

Mailing Address 21 Perry Street

City Morristown State NJ Zip Code 07960-9446

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 ▼ 300.00

Date of Receipt 10 / 24 / 2008

Transaction ID: 669e9707c371d4037a2

Amount of Each Receipt this Period 150.00

**C.** Full Name (Last, First, Middle Initial)  
Garry M. Vickar

Mailing Address 11125 Dunn Road Suite 213

City Saint Louis State MO Zip Code 63136-6132

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 ▼ 2000.00

Date of Receipt 11 / 14 / 2008

Transaction ID: c7ecb4c20c89c4cb329

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1400.00

**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: PAGE 34 / 40  
(check only one)

<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
							17

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

**A.**

Full Name (Last, First, Middle Initial)  
Sandra C. Walker

Mailing Address 1120 Cherry Street Suite 240

City State Zip Code  
Seattle WA 98104-2023

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 ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2008

**Transaction ID:** a702f2e7abe3cc1c31d

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
B T. Walsh

Mailing Address 1051 Riverside Drive Unit 98

City State Zip Code  
New York NY 10032-1007

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  
MM / DD / YYYY  
11 / 03 / 2008

**Transaction ID:** 7e49a4438f640da5417

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mark A. Wellek

Mailing Address 4202 N 32nd St. Suite G

City State Zip Code  
Phoenix AZ 85018-4765

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 ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
10 / 23 / 2008

**Transaction ID:** 6ba964906c1528ac9ae

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **550.00**

**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 35 / 40
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) William C. Wilkerson	Date of Receipt MM / DD / YYYY 10 / 16 / 2008
	Mailing Address PO Box 81689	<b>Transaction ID:</b> 1f9942046a09ee5d9dd
	City State Zip Code Mobile AL 36689-1689	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Eric Williams	Date of Receipt MM / DD / YYYY 11 / 14 / 2008
	Mailing Address 708 Cottontail Ct S	<b>Transaction ID:</b> f30b8c442ec81f134fb
	City State Zip Code Columbia SC 29229-9485	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark S. Wright	Date of Receipt MM / DD / YYYY 10 / 23 / 2008
	Mailing Address 2112 Thorndale Way	<b>Transaction ID:</b> d65ebecbcb6faa0d6ee6
	City State Zip Code Lexington KY 40515-1111	Amount of Each Receipt this Period 115.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	465.00
<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:	PAGE 36 / 40
	(check only one)	
<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.**

Full Name (Last, First, Middle Initial) Narithookil S. Xavier		Date of Receipt MM / DD / YYYY 11 / 21 / 2008
Mailing Address 100 Century Park S Suite 206		<b>Transaction ID:</b> 67abfaaf3615a7ee3f3
City Birmingham	State AL	Zip Code 35226-3922
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

**B.**

Full Name (Last, First, Middle Initial) J. S. Zil		Date of Receipt MM / DD / YYYY 10 / 20 / 2008
Mailing Address PO Box 160208		<b>Transaction ID:</b> 7c211cc46d41cc6ea7c
City Sacramento	State CA	Zip Code 95816-0208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>20615.00</b>

# 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"/> 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

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Rahm Emanuel <hr/> Mailing Address PO Box 101124 <hr/> City Chicago State IL Zip Code 60610 <hr/> Purpose of Disbursement Contribution Candidate Name Rahm Israel Emanuel Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 05 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 94244-3000909686088 Date of Disbursement 10 / 17 / 2008
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Hawkeye Pac, the <hr/> Mailing Address PO Box 7255 <hr/> City Des Moines State IA Zip Code 50309 <hr/> Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 94244-4823419451713 Date of Disbursement 10 / 17 / 2008
	Amount of Each Disbursement this Period 5000.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) John Sullivan for Congress Inc <hr/> Mailing Address Post Office Box 470840 <hr/> City Tulsa State OK Zip Code 74147 <hr/> Purpose of Disbursement Contribution Candidate Name John Sullivan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 94244-1087152361869 Date of Disbursement 10 / 17 / 2008
	Amount of Each Disbursement this Period 2500.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

8500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 40

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Nancy Pelosi for Congress <hr/> Mailing Address 235 Montgomery Street Suite 610 <hr/> City San Francisco State CA Zip Code 94104 <hr/> Purpose of Disbursement Contribution <input type="checkbox"/> 011 Candidate Name Nancy Pelosi <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 08	Transaction ID: 60416-7385064959526 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Paul Tonko for Congress <hr/> Mailing Address 911 Central Avenue PO Box 221 <hr/> City Albany State NY Zip Code 12206 <hr/> Purpose of Disbursement Contribution <input type="checkbox"/> 011 Candidate Name Paul David Tonko <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 21	Transaction ID: 94244-1256372332572 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Searchlight Leadership Fund <hr/> Mailing Address 607 14th Street N.W. Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Contribution <input type="checkbox"/> 011 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: 60416-7801324725151 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Contribution

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

11000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 40

<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

A.

Full Name (Last, First, Middle Initial)  
Tim Murphy for Congress

Transaction ID: 88738-5296136736869

Date of Disbursement

Mailing Address PO Box 24551

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	8

City Pttsburgh State PA Zip Code 15234

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
Contribution

011
Category/ Type

Candidate Name  
Timothy F. Murphy

Office Sought:  House  
 Senate  
 President  
State: PA District: 18

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

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

2000.00
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TOTAL This Period (last page this line number only) ..... ▶

21500.00
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Image# 28934533125

Form/Schedule: **F3X**

Transaction ID:

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