

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

ADDRESS (number and street) 7910 WOODMONT AVENUE SUITE 1050 Check if different than previously reported. (ACC) BETHESDA MD 20814

2. FEC IDENTIFICATION NUMBER C00401695 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 01 01 2011 through 06 30 2011

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 Christine deVries Signature of Treasurer Electronically Filed by Christine deVries Date 07 11 2011

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 FE6AN026 FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2011"/>		14590.78
(b) Cash on Hand at Beginning of Reporting Period	14590.78	
(c) Total Receipts (from Line 19)	8355.00	8355.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	22945.78	22945.78
7. Total Disbursements (from Line 31)	4672.00	4672.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18273.78	18273.78
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY 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 ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	2320.00	2320.00
(ii) Unitemized	6035.00	6035.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	8355.00	8355.00
(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)	8355.00	8355.00
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	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 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))	8355.00	8355.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8355.00	8355.00

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.....	3447.00	3447.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	3447.00	3447.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	1000.00	1000.00
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	225.00	225.00
(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))	225.00	225.00
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))..	4672.00	4672.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4672.00	4672.00

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)	8355.00	8355.00
34. Total Contribution Refunds (from Line 28(d))	225.00	225.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8130.00	8130.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3447.00	3447.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3447.00	3447.00

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

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

FOR LINE NUMBER: PAGE 6 / 11

(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

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 ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

A.

Full Name (Last, First, Middle Initial)

Upma Dhingra, MD

Mailing Address 2787 Forestlake Drive

City State Zip Code
Westlake OH 44145-0000

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

Name of Employer Occupation
Geriatric Psychiatrist

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

Date of Receipt

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

Transaction ID: SA11AI.5727

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Doree Ann V. Espiritu, M.D.

Mailing Address Henry Ford Medical Center
39450 12 Mile Road, Ste 2B

City State Zip Code
Novi MI 48377

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

Name of Employer Occupation
Henry Ford Medical Center Psychiatrist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 320.00

Date of Receipt

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

Transaction ID: SA11AI.5761

Amount of Each Receipt this Period

320.00

C.

Full Name (Last, First, Middle Initial)

Dr. Richard Fischbein, M.D.

Mailing Address Nesbitt Hospital, Second Floor
562 Wyoming Avenue

City State Zip Code
Kingston PA 18704

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

Name of Employer Occupation
Nesbitt Hospital Psychiatrist

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

Date of Receipt

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

Transaction ID: SA11AI.5731

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

820.00

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 7 / 11
	<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 ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

A.	Full Name (Last, First, Middle Initial) Dr. Page Moss Fletcher		Date of Receipt MM / DD / YYYY 03 / 01 / 2011
	Mailing Address 224 Cornwall Street, NW		Transaction ID: SA11AI.5748
	City Leesburg	State VA	Zip Code 20176
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer	Occupation Geriatric Psychiatrist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Richard L. Grant, M.D.		Date of Receipt MM / DD / YYYY 03 / 02 / 2011
	Mailing Address 709 Townes Court		Transaction ID: SA11AI.5750
	City Peoria	State IL	Zip Code 61615-1387
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer	Occupation Psychiatrist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Stephanie Reed		Date of Receipt MM / DD / YYYY 02 / 25 / 2011
	Mailing Address 36 Alexander Street		Transaction ID: SA11AI.5745
	City Alexandria	State VA	Zip Code 22314
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Amer Assn for Geriatric Psych	Occupation Associate Director, Gov Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 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: PAGE 8 / 11
(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 ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

A. Full Name (Last, First, Middle Initial)
Dr. Alessandra Scalmati, M.D.

Mailing Address 595 West 239th Street, A4

City State Zip Code
Bronx NY 10463

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

Name of Employer Occupation
Psychiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2011

Transaction ID: SA11AI.5755

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Elliott Stein

Mailing Address Jewish Home of San Francisco
302 Silver Avenue

City State Zip Code
San Francisco CA 94112-1510

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

Name of Employer Occupation
Jewish Home of San Francisco geriatric psychiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 03 / 2011

Transaction ID: SA11AI.5712

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Joel Streim

Mailing Address 631 Revere Rd.

City State Zip Code
Merion PA 19066

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

Name of Employer Occupation
University of Pennsylvania geriatric psychiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.5747

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)	2320.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 11

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input 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 ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

A.

Full Name (Last, First, Middle Initial)

Mariachi Mujer Internacional

Mailing Address 118 Crestview Drive

City San Antonio State TX Zip Code 78201

Purpose of Disbursement
Payment for musicians at fundraising event

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.5803

Date of Disbursement

03 / 11 / 2011

Amount of Each Disbursement this Period

630.00

SUBTOTAL of Disbursements This Page (optional)

630.00

TOTAL This Period (last page this line number only)

3330.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 11

<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 ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF ROSA DELAURO

Transaction ID: SB23.5806

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	1	1

Mailing Address 12 Trumbull Street, 2nd Floor

City State Zip Code
NEW HAVEN CT 06511

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CT District: 03

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00
