

**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 Psychiatric Association Political Action Committee

ADDRESS (number and street)

1000 Wilson Boulevard

Suite 1825

☐ Check if different
than previously
reported. (ACC)

Arlington

VA

22209

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00373696

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Quarterly Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☒

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

05

01

2010

through

05

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Nicholas Meyers

Signature of Treasurer

Electronically Filed by Nicholas Meyers

Date

01

31

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

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 20

Write or Type Committee Name

American Psychiatric Association Political Action Committee

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2010		10244.55
(b) Cash on Hand at Beginning of Reporting Period	25462.72	
(c) Total Receipts (from Line 19)	25555.00	98826.25
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	51017.72	109070.80
7. Total Disbursements (from Line 31)	7776.33	65829.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	43241.39	43241.39
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

FEC Form 3X (Rev. 06/2004)

3 / 20

Write or Type Committee Name

American Psychiatric Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	5	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	1	0

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)	14610.00	53240.00
(ii) Unitemized	10945.00	42086.25
(iii) TOTAL (add Lines 11(a)(i) and (ii)	25555.00	95326.25
(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)	25555.00	95326.25
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))	25555.00	98826.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	25555.00	98826.25

DETAILED SUMMARY PAGE

of Disbursements

4 / 20

FEC Form 3X (Rev. 02/2003)

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.....	276.33	1329.41	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	276.33	1329.41	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	64500.00	
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	0.00	
(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	0.00	
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))..	7776.33	65829.41	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7776.33	65829.41	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 20

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)	25555.00	95326.25
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25555.00	95326.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	276.33	1329.41
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	276.33	1329.41

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

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

FOR LINE NUMBER: PAGE 6 / 20

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jeffrey Akaka

Mailing Address PO Box 11780

City

Honolulu

State

HI

Zip Code

96828-0780

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
0 5 / 2 5 / 2 0 1 0

Transaction ID: C1124476

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Robert Scott Benson

Mailing Address 5190 Bayou Blvd
Ste 6

City

Pensacola

State

FL

Zip Code

32503-2162

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 1 0

Transaction ID: C1120641

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Christopher D Bojrab

Mailing Address 703 Pro-Med Ln
Ste 200

City

Carmel

State

IN

Zip Code

46032-5318

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana Health Group Inc

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 Y
0 5 / 2 6 / 2 0 1 0

Transaction ID: C1124558

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

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 / 20

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kenneth Michael Certa

Mailing Address 833 Chestnut St
Ste 210

City State Zip Code
Philadelphia PA 19107-4405

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
0 5 / 1 0 / 2 0 1 0

Transaction ID: C1125231

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Clarence Paul Chou

Mailing Address 9455 W Watertown Plank Rd

City State Zip Code
Milwaukee WI 53226-3559

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
0 5 / 0 3 / 2 0 1 0

Transaction ID: C1109794

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Russell William Denea

Mailing Address 268 Broadway
Ste 202

City State Zip Code
Saratoga Springs NY 12866-4271

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C1124940

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

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 / 20

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Robert K Dolgoff

Mailing Address 1749 Martin Luther King Jr Way

City

Berkeley

State

CA

Zip Code

94709-2139

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
0 5 / 2 6 / 2 0 1 0

Transaction ID: C1110567

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

John L Dupre

Mailing Address 192 Grand View Ave

City

San Francisco

State

CA

Zip Code

94114-2732

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
0 5 / 0 1 / 2 0 1 0

Transaction ID: C1117222

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Tiffany R Farchione

Mailing Address 4440 Willard Ave
Apt 316

City

Chevy Chase

State

MD

Zip Code

20815-3745

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western Psychiatric Insti-
tute & Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: C1125050

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

1300.00

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 / 20

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

O'Ann Karin Fredstrom

Mailing Address PO Box 15540

City

Jackson

State

WY

Zip Code

83002-5540

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
0 5 / 2 5 / 2 0 1 0

Transaction ID: C1114803

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

John Oliver Gaston

Mailing Address 5229 Sandlewood Ct

City

Marietta

State

GA

Zip Code

30068-2887

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
0 5 / 2 5 / 2 0 1 0

Transaction ID: C1112129

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Richard Kent Harding

Mailing Address 3555 Harden Street Ext
Ste 301

City

Columbia

State

SC

Zip Code

29203-6894

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
0 5 / 0 3 / 2 0 1 0

Transaction ID: C1124258

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

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 / 20

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mark Craton Hutto

Mailing Address 2150 Peachford Rd
Ste R

City Atlanta State GA Zip Code 30338-6539

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 1 0

Transaction ID: C1124421

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Ledro Justice

Mailing Address 707 Iyannough Rd

City Hyannis State MA Zip Code 02601-1931

FEC ID number of contributing
federal political committee.

C

Name of Employer
Courtyard by Marriott

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
0 5 / 2 6 / 2 0 1 0

Transaction ID: C1120503

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Saul Marc Levin

Mailing Address 2 E Erie St
Apt 3703

City Chicago State IL Zip Code 60611-3158

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 1 0

Transaction ID: C1110374

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

980.00

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 / 20

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Victor J Llado

Mailing Address 374 Calle Rafael Lamar

City

San Juan

State

PR

Zip Code

00918-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: C1122310

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

John Luo

Mailing Address 760 Westwood Plz

City

Los Angeles

State

CA

Zip Code

90024-5055

FEC ID number of contributing
federal political committee.

C

Name of Employer
UCLA Neuropsychiatric Ins-
titute

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
0 5 / 1 3 / 2 0 1 0

Transaction ID: C1115589

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Velandy Manohar

Mailing Address 93 Meeting House Rd

City

Haddam

State

CT

Zip Code

06438-1049

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
0 5 / 2 5 / 2 0 1 0

Transaction ID: C1119420

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

715.00

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 / 20

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Annette M Matthews

Mailing Address 3710 SW US Veterans Hospital Rd
PO Box 1035 (P3Mhdc)

City State Zip Code
Portland OR 97239-2964

FEC ID number of contributing
federal political committee.

C

Name of Employer
Portland VA Medical Center

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
0 5 / 2 5 / 2 0 1 0

Transaction ID: C1119926

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

John S McIntyre

Mailing Address 2000 Winton Rd S
Suite 303, Bldg 4

City State Zip Code
Rochester NY 14618-3970

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
0 5 / 0 6 / 2 0 1 0

Transaction ID: C1118548

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Nicholas Meyers

Mailing Address 1000 Wilson Blvd
Ste 1825

City State Zip Code
Arlington VA 22209-3924

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Psychiatric Association

Occupation
Director, DGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 1 0

Transaction ID: C1124876

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

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 / 20

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Norma C Panahon

Mailing Address 12 Hidden Pines Ct

City

East Amherst

State

NY

Zip Code

14051-1688

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
0 5 / 2 6 / 2 0 1 0

Transaction ID: C1116121

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Constance Anne Powell

Mailing Address 2455 NW Marshall St
Ste 12

City

Portland

State

OR

Zip Code

97210-2949

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
0 5 / 2 5 / 2 0 1 0

Transaction ID: C1118045

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ann L Rathe

Mailing Address PO Box 20478

City

Billings

State

MT

Zip Code

59104-0478

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
0 5 / 2 6 / 2 0 1 0

Transaction ID: C1111063

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 20

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steven Samuel Sharfstein

Mailing Address 6501 N Charles St

City

Towson

State

MD

Zip Code

21204-6819

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sheppard-Pratt Health Sys-
tem

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
0 5 / 2 6 / 2 0 1 0

Transaction ID: C1120708

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ramakrishnan Shenoy

Mailing Address 1309 Port Elissa Lndg

City

Midlothian

State

VA

Zip Code

23114-7154

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
0 5 / 2 6 / 2 0 1 0

Transaction ID: C1114187

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

George W J Smith

Mailing Address 5457 Cottonwood Club Dr

City

Salt Lake Cty

State

UT

Zip Code

84117-7549

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
0 5 / 2 5 / 2 0 1 0

Transaction ID: C1115647

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

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 15 / 20

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Eliot Sorel

Mailing Address 2301 E St NW
Apt 1011

City State Zip Code
Washington DC 20037-4660

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
0 5 / 2 5 / 2 0 1 0

Transaction ID: C1110794

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ann Marie T Sullivan

Mailing Address 14 Stuyvesant Oval
Apt 9F

City State Zip Code
New York NY 10009-2229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C1125189

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Therese Swetnam

Mailing Address 1000 Wilson Blvd
Ste 1825

City State Zip Code
Arlington VA 22209-3924

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Psychiatric Asso-
ciation

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 6 / 2 0 1 0

Transaction ID: C1124549

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

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 / 20

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Sul Ross Olen Thorward

Mailing Address 222 Tongass Dr

City

Sitka

State

AK

Zip Code

99835-9416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Haa Toowoo Naakw Hit SEA-
RHC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: C1113989

Amount of Each Receipt this Period

1200.00

B.

Full Name (Last, First, Middle Initial)

Khushro B Unwalla

Mailing Address 6612 Applewood St

City

Highland

State

CA

Zip Code

92346-5215

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
0 5 / 2 5 / 2 0 1 0

Transaction ID: C1119274

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ramaswamy Viswanathan

Mailing Address 450 Clarkson Ave
127

City

Brooklyn

State

NY

Zip Code

11203-2012

FEC ID number of contributing
federal political committee.

C

Name of Employer
SUNY Downstate Medical Ce-
nter

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
0 5 / 2 6 / 2 0 1 0

Transaction ID: C1113336

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1700.00

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 17 / 20

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Albert Vance Vogel

Mailing Address PO Box 1747
331 Sopris Avenue

City State Zip Code
Crested Butte CO 81224-1747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 1 0

Transaction ID: C1124401

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

John J Wernert

Mailing Address 1776 Summerlakes Ct

City State Zip Code
Carmel IN 46032-9679

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mdwise, Inc

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 1 0

Transaction ID: C1125108

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Melinda Louise Young

Mailing Address 3527 Mt Diablo Blvd
337

City State Zip Code
Lafayette CA 94549-3815

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
0 5 / 2 6 / 2 0 1 0

Transaction ID: C1110433

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1365.00

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 18 / 20

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Brian M Zimnitzky

Mailing Address 716 Giddings Ave
Ste 33

City State Zip Code
Annapolis MD 21401-1419

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
0 5 / 2 8 / 2 0 1 0

Transaction ID: C1120773

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

14610.00

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 19 / 20

<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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bank of America N.A.

Mailing Address PO Box 27025

City
Richmond

State
VA

Zip Code
23261-7025

Purpose of Disbursement
Bank Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D110925

Date of Disbursement

05 / 03 / 2010

Amount of Each Disbursement this Period

35.00

B.

Full Name (Last, First, Middle Initial)

Bank of America N.A.

Mailing Address PO Box 27025

City
Richmond

State
VA

Zip Code
23261-7025

Purpose of Disbursement
Bank Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D110927

Date of Disbursement

05 / 17 / 2010

Amount of Each Disbursement this Period

121.43

C.

Full Name (Last, First, Middle Initial)

PayPal, Inc.

Mailing Address 2145 Hamilton Ave

City
San Jose

State
CA

Zip Code
95125-5905

Purpose of Disbursement
Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D110902

Date of Disbursement

05 / 12 / 2010

Amount of Each Disbursement this Period

119.90

SUBTOTAL of Disbursements This Page (optional)

276.33

TOTAL This Period (last page this line number only)

276.33

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 20 / 20

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D106893

Date of Disbursement

05 / 06 / 2010

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

NANCY PELOSI FOR CONGRESS

Mailing Address 607 14th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name
Rep. Nancy Pelosi

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 08

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D107000

Date of Disbursement

05 / 06 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

7500.00