

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Psychiatric Association Political Action Committee

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

2. FEC IDENTIFICATION NUMBER C C00373696 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, 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 PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 01 / 01 / 2016 through 01 / 31 / 2016

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 Ashley Mild

Signature of Treasurer Ashley Mild [Electronically Filed] Date 04 / 20 / 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Psychiatric Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="108112.71"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="108112.71"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="23622.67"/>	<input type="text" value="23622.67"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="131735.38"/>	<input type="text" value="131735.38"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="21338.23"/>	<input type="text" value="21338.23"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="110397.15"/>	<input type="text" value="110397.15"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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)

Write or Type Committee Name

American Psychiatric Association Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17375.00	17375.00
(ii) Unitemized	6247.67	6247.67
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	23622.67	23622.67
(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)	23622.67	23622.67
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 Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	23622.67	23622.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	23622.67	23622.67

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	338.23	338.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	338.23	338.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21000.00	21000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	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) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	21338.23	21338.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21338.23	21338.23

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	23622.67	23622.67
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23622.67	23622.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	338.23	338.23
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	338.23	338.23

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

The committee's connected organization switched credit card processing companies earlier this year which also impacted the processing of PAC contributions. When the transition occurred, the wrong account number was provided to the processor which resulted in contributions that were intended for the PAC to be deposited into the connected organization's general treasury account. After the error was discovered, the committee worked to identify the PAC contributions and transfer them back to the PAC account. As a result, the January receipt totals increased by \$50 and February receipts increased by \$6,379.00. These receipts are disclosed on the February 20th and March 20th Monthly Reports. The connected organization continues to work with the credit card processor to ensure that future credit card contributions that are made to the PAC are deposited into the PAC account.

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 20
	<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	

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. James Robert Batterson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2401 Gillham Rd
 City Kansas City State MO Zip Code 64108-4619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Children's Mercy Hospital Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 27 / 2016**
Transaction ID : C3258188
 Amount of Each Receipt this Period **1000.00**
 Memo Item

B. Frank W Brown MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1899 E Gate Dr
 City Stone Mtn State GA Zip Code 30087-1912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emory University Medical Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 13 / 2016**
Transaction ID : C3257879
 Amount of Each Receipt this Period **1000.00**
 Memo Item

C. Adria M Carney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4782 Tonino Dr
 City San Jose State CA Zip Code 95136-2669
 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 **01 / 13 / 2016**
Transaction ID : C3257916
 Amount of Each Receipt this Period **250.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 OF 20
(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

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

Mailing Address 420 Lake Cook Rd Ste 115

City State Zip Code
Deerfield IL 60015-4914

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
01 / 19 / 2016
Transaction ID : C3257882

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. L Rodger Currie

Mailing Address 1000 Wilson Blvd.
Suite 1825

City State Zip Code
Arlington VA 22207

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

Name of Employer Occupation
American Psychiatric Association Chief of Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.66

Date of Receipt
01 / 15 / 2016
Transaction ID : C3257962

Amount of Each Receipt this Period
416.66

Memo Item

Full Name (Last, First, Middle Initial)
C. Yoshie Davison

Mailing Address 1046 Wilson Blvd
Ste 1825

City State Zip Code
Arlington VA 22209-2202

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

Name of Employer Occupation
American Psychiatric Association Deputy Director, Leadership & Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
01 / 27 / 2016
Transaction ID : C3258407

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1166.66

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 OF 20
(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

Full Name (Last, First, Middle Initial)
A. John L Dupre MD

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 ▼ 250.00

Date of Receipt 01 / 16 / 2016
Transaction ID : C3257876

Amount of Each Receipt this Period 250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Kurt Lawrence Fox MD

Mailing Address PO Box 39

City Avon State MN Zip Code 56310-0039

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

Name of Employer St. Cloud VA Medical Center Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 30 / 2016
Transaction ID : C3257825

Amount of Each Receipt this Period 250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Michael Arthur Gales MD

Mailing Address 11847 Wilshire Blvd Ste 303

City Los Angeles State CA Zip Code 90025-6634

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 01 / 30 / 2016
Transaction ID : C3257846

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Henry Jay Gault MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 770 Lake Cook Rd Ste 250
 City Deerfield State IL Zip Code 60015-4976
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 04 / 2016
Transaction ID : C3257828
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Karen G Gennaro MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Westerleigh Ct
 City Purchase State NY Zip Code 10577-2520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 06 / 2016
Transaction ID : C3257897
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Jose Antonio Gonzalez MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 87 Gorman Rd
 City Albany State NY Zip Code 12204-1229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 04 / 2016
Transaction ID : C3257869
 Amount of Each Receipt this Period
 250.00
 Memo Item

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 11 OF 20
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. William M Greenberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Old Pomona Rd
 City Suffern State NY Zip Code 10901-1737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 27 / 2016
Transaction ID : C3257970
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Roger L Greiger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Evelyn Rd
 City Waban State MA Zip Code 02468-1021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 06 / 2016
Transaction ID : C3257957
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Jeffrey W Hermann MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 730 Cricket Glen Rd
 City Hummelstown State PA Zip Code 17036-8547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2016
Transaction ID : C3257900
 Amount of Each Receipt this Period
 250.00
 Memo Item

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 12 OF 20
(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

Full Name (Last, First, Middle Initial)
A. Christina Lee Herring MD

Mailing Address 1030 E Lancaster Ave Apt L6

City	State	Zip Code
Bryn Mawr	PA	19010-1459

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

Name of Employer	Occupation
Self Employed	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	13	/	2016

Transaction ID : C3257845

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Saul Marc Levin MD, MPA

Mailing Address 2351 Champlain St NW Ph 4

City	State	Zip Code
Washington	DC	20009-7240

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 ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	20	/	2016

Transaction ID : C3258976

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. David Charles Lindy MD

Mailing Address 685 W End Ave Ste 1AF

City	State	Zip Code
New York	NY	10025-6819

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

Name of Employer	Occupation
Self Employed	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	06	/	2016

Transaction ID : C3257870

Amount of Each Receipt this Period
250.00

Memo Item

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 13 OF 20
	<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	<input type="checkbox"/> 17

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

A. Glenn Andrew Martin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Ascan Ave Apt 24
 City Forest Hills State NY Zip Code 11375-6084
 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 01 / 27 / 2016
Transaction ID : C3258404
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Theresa M Miskimen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 671 Hoes Ln W
 City Piscataway State NJ Zip Code 08854-8021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rutgers Medical Center
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 27 / 2016
Transaction ID : C3258406
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Elizabeth Ann Morrison MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4701 Willard Ave Ste 212
 City Chevy Chase State MD Zip Code 20815-4607
 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 01 / 28 / 2016
Transaction ID : C3257873
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
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 OF 20
<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. Joseph C Napoli MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2185 Lemoine Ave
 City State Zip Code
 Fort Lee NJ 07024-6036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 27 / 2016
Transaction ID : C3258405
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Paul J O'Leary MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4461 Clairmont Ave S
 City State Zip Code
 Birmingham AL 35222-3727
 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 ▼
 208.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 06 / 2016
Transaction ID : C3257947
 Amount of Each Receipt this Period
 208.34
 Memo Item

C. Cleopatra Ortiz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1465
 City State Zip Code
 West Palm Bch FL 33402-1465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 11 / 2016
Transaction ID : C3257895
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	708.34
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 15 OF 20
<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. Charles S Price MD
Full Name (Last, First, Middle Initial)

Mailing Address 313 Flint St

City Reno State NV Zip Code 89501-2005

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 ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2016
Transaction ID : C3257894

Amount of Each Receipt this Period
 5000.00

Memo Item

B. Gail Ross MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3200

City Laguna Hills State CA Zip Code 92654-3200

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2016
Transaction ID : C3257850

Amount of Each Receipt this Period
 250.00

Memo Item

C. Jo-Ellyn M Ryall
Full Name (Last, First, Middle Initial)

Mailing Address 10 Ladue Crest Ln

City Saint Louis State MO Zip Code 63124-1543

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2016
Transaction ID : C3257835

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5500.00
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 16 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Randie Schacter-Fitzgerald DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 212 W Matthews St Ste 106
 City State Zip Code
 Matthews NC 28105-5442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2016
Transaction ID : C3257904
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Barbara Yates Weissman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 Alameda De Las Pulgas Ste 240
 City State Zip Code
 San Mateo CA 94403-1271
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 06 / 2016
Transaction ID : C3257893
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. John J Wernert MD
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Indiana Geriatric Associates President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 27 / 2016
Transaction ID : C3257971
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	17375.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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 Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bank of America N.A.

Mailing Address PO Box 27025

City Richmond State VA Zip Code 23261-7025

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 04 / 2016

Transaction ID : D171028

Amount of Each Disbursement this Period

82.36

Memo Item

Full Name (Last, First, Middle Initial)

B. Bank of America N.A.

Mailing Address PO Box 27025

City Richmond State VA Zip Code 23261-7025

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2016

Transaction ID : D171029

Amount of Each Disbursement this Period

195.92

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

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

278.28

278.28

**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 18 OF 20
<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b
<input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26	<input type="checkbox"/> 28c <input type="checkbox"/> 29 <input type="checkbox"/> 30b	

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

Full Name (Last, First, Middle Initial) A. Bill Cassidy for US Senate	Date of Disbursement M M / D D / Y Y Y Y Y Y 01 / 21 / 2016
Mailing Address P.O. Box 80505	Transaction ID : D171035
City State Zip Code Baton Rouge LA 70898	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Contribution	<input type="checkbox"/> Memo Item
Candidate Name Sen. William Cassidy	Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District:	

Full Name (Last, First, Middle Initial) B. FRIENDS OF ERIK PAULSEN	Date of Disbursement M M / D D / Y Y Y Y Y Y 01 / 14 / 2016
Mailing Address P.O. BOX 44369	Transaction ID : D171032
City State Zip Code EDEN PRAIRIE MN 55344	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Contribution	<input type="checkbox"/> Memo Item
Candidate Name Rep. Erik Paulsen	Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 03	

Full Name (Last, First, Middle Initial) C. GENE GREEN CONGRESSIONAL CAMPAIGN	Date of Disbursement M M / D D / Y Y Y Y Y Y 01 / 21 / 2016
Mailing Address PO BOX 16128	Transaction ID : D171033
City State Zip Code HOUSTON TX 77222	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Contribution	<input type="checkbox"/> Memo Item
Candidate Name Rep. RAYMOND E. 'GENE' GREEN	Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 29	

SUBTOTAL of Disbursements This Page (optional)..... ▶	10000.00
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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement Contribution

Candidate Name

Rep. Kevin McCarthy

Office Sought: House Senate President
State: CA District: 23

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2016

Transaction ID : D171037

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BUCSHON FOR CONGRESS

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement Contribution

Candidate Name

Larry D. Bucshon

Office Sought: House Senate President
State: IN District: 08

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2016

Transaction ID : D171036

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. RYAN FOR CONGRESS

Mailing Address PO Box 1919

City Janesville State WI Zip Code 53547

Purpose of Disbursement Contribution

Candidate Name

Rep. Paul D. Ryan

Office Sought: House Senate President
State: WI District: 01

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2016

Transaction ID : D171034

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

8500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF TODD YOUNG

Mailing Address PO BOX 1053

City BLOOMINGTON State IN Zip Code 47402

Purpose of Disbursement
Contribution

Candidate Name
TODD CHRISTOPHER YOUNG

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IN District: 09

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 14 / 2016

Transaction ID : D171031

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

2500.00

21000.00