

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Psychiatric Association Political Action Committee

ADDRESS (number and street) ▼

1000 Wilson Boulevard

Suite1825

☐ Check if different than previously reported. (ACC)

Arlington

VA

22209

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00373696

3. IS THIS
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
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

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

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
02 01 2016

through

M M M / D D D / Y Y Y Y Y Y
02 29 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

M M M / D D D / Y Y Y Y Y Y
03 16 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.

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Psychiatric Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
02 01 2016 To: M M / D D / Y Y Y Y Y Y
02 29 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		108112.71
(b) Cash on Hand at Beginning of Reporting Period.....	110347.15	
(c) Total Receipts (from Line 19)	33989.66	57562.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	144336.81	165675.04
7. Total Disbursements (from Line 31)	53835.94	75174.17
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	90500.87	90500.87
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)

Page 3

Write or Type Committee Name

American Psychiatric Association Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 02 01 2016

To:

 M M / D D / Y Y Y Y Y
 02 29 2016
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).....

17048.34

34423.34

(ii) Unitemized

16463.07

22660.74

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

33511.41

57084.08

(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)

33511.41

57084.08

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).....

478.25

478.25

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))..... ▶

33989.66

57562.33

20. Total Federal Receipts

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

33989.66

57562.33

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	335.94	674.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	335.94	674.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	53500.00	74500.00
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)) ..	53835.94	75174.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	53835.94	75174.17

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)	33511.41	57084.08
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33511.41	57084.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	335.94	674.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	478.25	478.25
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	-142.31	195.92

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 29
(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

Full Name (Last, First, Middle Initial)

A. Luis S Alonzo MD

Mailing Address 108 Dakota Dr

City	State	Zip Code
Hutchinson	KS	67502-4470

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
02	/	26	/	2016

Transaction ID : C3275387

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anthony J Bardinelli MD

Mailing Address 510 N Broadway

City	State	Zip Code
White Plains	NY	10603-3217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2016

Transaction ID : C3275483

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jeffrey I Bennett MD

Mailing Address 1049 Williams Blvd

City	State	Zip Code
Springfield	IL	62704-2809

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 ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2016

Transaction ID : C3275730

Amount of Each Receipt this Period

5000.00

☐ 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: PAGE 7 OF 29
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey P Bernstein MD

Mailing Address 154 Holmes Dr

City Albany State NY Zip Code 12208-1420

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

02 / 25 / 2016

Transaction ID : C3275584

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Blumenfield MD

Mailing Address 5901 Nita Ave

City Woodland Hills State CA Zip Code 91367-3314

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

02 / 26 / 2016

Transaction ID : C3275337

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. David W Brody MD

Mailing Address 1841 Broadway Rm 700

City New York State NY Zip Code 10023-7663

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

02 / 26 / 2016

Transaction ID : C3275729

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00

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 29

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Chelsea L Chesen MD

Mailing Address 11635 Arbor Street
Suite 110

City State Zip Code
Omaha NE 68144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2016

Transaction ID : C3275625

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Clarence Paul Chou MD

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

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2016

Transaction ID : C3275583

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Charles Peter Ciolino MD

Mailing Address 36 Smithfield Ct

City State Zip Code
Basking Ridge NJ 07920-2779

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Cognitive Therapy & Consultation LLC

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
02 / 29 / 2016

Transaction ID : C3275537

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 9 OF 29

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. David Michael Dressler MD

Mailing Address 51 Sherman Hill Rd Ste 103A

City State Zip Code
 Woodbury CT 06798-3648

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 26 / 2016

Transaction ID : C3275385

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 State Zip Code
 Avon MN 56310-0039

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

St. Cloud VA Medical Center

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 26 / 2016

Transaction ID : C3275386

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 State Zip Code
 Los Angeles CA 90025-6634

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 26 / 2016

Transaction ID : C3275478

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

650.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 29

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lakshman Sudhir Gandham MD

Mailing Address 101 Stonemill Dr
 Apt G

City State Zip Code
 Lynchburg VA 24502-2058

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 02 / 2016

Transaction ID : C3275634

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Daniel Thomas Hackman MD

Mailing Address 3706 Hillsboro Rd

City State Zip Code
 Louisville KY 40207-4413

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 26 / 2016

Transaction ID : C3275422

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jeffrey W Hermann MD

Mailing Address 730 Cricket Glen Rd

City State Zip Code
 Hummelstown PA 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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 26 / 2016

Transaction ID : C3275411

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

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

1100.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sarit Hovav MD

Mailing Address 6210 S. 191st Street

City State Zip Code
 Omaha NE 68135

FEC ID number of contributing
federal political committee.

C

Name of Employer
 VA Omaha MHC Clinic

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 29 / 2016

Transaction ID : C3275513

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Karen J Jacobs DO

Mailing Address 9500 Euclid Ave # P57

City State Zip Code
 Cleveland OH 44195-0002

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

02 / 26 / 2016

Transaction ID : C3275621

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Laurence S Lorefice MD

Mailing Address 39 Ballwood Rd

City State Zip Code
 Old Greenwich CT 06870-2332

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employed

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 26 / 2016

Transaction ID : C3275367

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00

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

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☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Leighmin J Lu MD

Mailing Address PO Box 8887

City

St Thomas

State

VI

Zip Code

00801-1887

FEC ID number of contributing
federal political committee.

C

Name of Employer

VI Medical Foundation

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID : C3275366

Amount of Each Receipt this Period

240.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. David Jeffrey Markowitz MD

Mailing Address 6714 Patterson Ave Ste 103

City

Richmond

State

VA

Zip Code

23226-3432

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : C3275320

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. David A. McGee

Mailing Address 9450 Winterberry Ln

City

Mentor

State

OH

Zip Code

44060-7961

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	1	6

Transaction ID : C3275511

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

740.00

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nooreddin Mirmirani MD

Mailing Address 2014 Mason Hill Dr

City

Alexandria

State

VA

Zip Code

22307-1937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 26 / 2016

Transaction ID : C3275419

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sachin B Nagarkar MD

Mailing Address 3046 Gaslight Dr

City

Bay City

State

MI

Zip Code

48706-9604

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 26 / 2016

Transaction ID : C3275312

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. James Edward Nininger MD

Mailing Address 240 Central Park S Apt 2J

City

New York

State

NY

Zip Code

10019-1435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 29 / 2016

Transaction ID : C3275509

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul J O'Leary MD

Mailing Address 4461 Clairmont Ave S

City

Birmingham

State

AL

Zip Code

35222-3727

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	02	/	2016

Transaction ID : C3274948

Amount of Each Receipt this Period

208.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Richard C Palmer MD

Mailing Address 29978 Knoll View Dr

City

Rch Palos Vrd

State

CA

Zip Code

90275-6440

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2016

Transaction ID : C3275530

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Joel Edward Parker MD

Mailing Address PO Box 45410

City

Phoenix

State

AZ

Zip Code

85064-5410

FEC ID number of contributing
federal political committee.

C

Name of Employer

Biltmore Psychiatric Group

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2016

Transaction ID : C3275525

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

808.34

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Karen Pierce MD

Mailing Address 2634 N Dayton St

City State Zip Code
Chicago IL 60614-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : C3275388

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Rodney A Poling MD

Mailing Address 1402 Rosewood Dr

City State Zip Code
Columbia TN 38401-4878

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 Y Y
02 / 26 / 2016

Transaction ID : C3275491

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sally Ann Reyerer MD

Mailing Address 66 Canal St

City State Zip Code
Boston MA 02114-2002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Bay Cove Human Services

Medical Director

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
02 / 29 / 2016

Transaction ID : C3275620

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1500.00

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

Use separate schedule(s)
for each category of the
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(check only one)

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

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Peter Gordon Sack MD

Mailing Address 3333 Henry Hudson Pkwy

City State Zip Code
 Bronx NY 10463-3224

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 26 / 2016

Transaction ID : C3275322

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. David Lynn Scasta MD

Mailing Address 702 Log Tavern Rd

City State Zip Code
 Milford PA 18337-7799

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 26 / 2016

Transaction ID : C3275407

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Gabrielle L Shapiro MD

Mailing Address 343 E 74th St Apt PH4C

City State Zip Code
 New York NY 10021-3752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 26 / 2016

Transaction ID : C3275338

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alexander H. Von Hafften MD

Mailing Address PO Box 230069

City

Anchorage

State

AK

Zip Code

99523-0069

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alaska Counseling Services

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 29 / 2016

Transaction ID : C3275534

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Elisabeth Von Zemzensky MD

Mailing Address 704 Whitford Hills Rd

City

Downingtown

State

PA

Zip Code

19335-3343

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

02 / 26 / 2016

Transaction ID : C3275345

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mark Waynik MD

Mailing Address 52 Beach Rd

City

Fairfield

State

CT

Zip Code

06824-6692

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

02 / 29 / 2016

Transaction ID : C3275496

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1500.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Douglas Ryan Weber DO

Mailing Address 734 S Mesa Hills Dr Apt 114

City

El Paso

State

TX

Zip Code

79912-5518

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : C3275315

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

250.00

17048.34

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

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

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

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Psychiatric Association

Mailing Address 1000 Wilson Blvd
Ste 1825

City State Zip Code
Arlington VA 22209-3924

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

478.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2016

Transaction ID : C3275732

Amount of Each Receipt this Period

142.31

☐ Memo Item

Reimbursed Bank Fees

Full Name (Last, First, Middle Initial)

B. American Psychiatric Association

Mailing Address 1000 Wilson Blvd
Ste 1825

City State Zip Code
Arlington VA 22209-3924

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

478.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 29 / 2016

Transaction ID : C3275744

Amount of Each Receipt this Period

335.94

☐ Memo Item

Reimbursed Bank Fees

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

478.25

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

478.25

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bank of America N.A.

Mailing Address PO Box 27025

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

Candidate Name

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

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 03 2016
Transaction ID : D171613

Amount of Each Disbursement this Period

147.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bank of America N.A.

Mailing Address PO Box 27025

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

Candidate Name

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

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 16 2016
Transaction ID : D171614

Amount of Each Disbursement this Period

128.15

☐ 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) ▼
Category/
Type

Date of Disbursement

M M M / D 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)..... ►

275.99

275.99

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. GUTHRIE FOR CONGRESS

Mailing Address PO Box 9639

City	State	Zip Code
Bowling Green	KY	42102

Purpose of Disbursement
Contribution

Candidate Name

Rep. Brett GuthrieOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2016

Transaction ID : D171633

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LEGPAC

Mailing Address 38 IVY ST., SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2016

Transaction ID : D171634

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. National Republican Congressional Committee

Mailing Address 320 1st St SE

City	State	Zip Code
Washington	DC	20003-1838

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2016

Transaction ID : D171618

Amount of Each Disbursement this Period

5000.00

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

9000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. NEW PIONEERS PAC

Mailing Address 228 S WASHINGTON ST STE 115

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2016

Transaction ID : D171625

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BILL FLORES FOR CONGRESS

Mailing Address PO BOX 6207

City	State	Zip Code
BRYAN	TX	77805

Purpose of Disbursement
Contribution

Candidate Name

Rep. Bill Flores

Office Sought:	☒ House
	☐ Senate
	☐ President

State: TX District: 17

Disbursement For:	2016
	☒ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2016

Transaction ID : D171622

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. COLLINS FOR CONGRESS

Mailing Address PO BOX 1295

City	State	Zip Code
GAINESVILLE	GA	30503

Purpose of Disbursement
Contribution

Candidate Name

Rep. Doug Collins

Office Sought:	☒ House
	☐ Senate
	☐ President

State: GA District: 09

Disbursement For:	2016
	☒ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2016

Transaction ID : D171641

Amount of Each Disbursement this Period

2000.00

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

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. PALLONE FOR CONGRESS

Mailing Address PO Box 3176

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement
Contribution

Candidate Name

Rep. Frank Pallone Jr.

Office Sought:	☒ House ☐ Senate ☐ President
----------------	--

Disbursement For: 2016	☒ Primary ☐ General ☐ Other (specify) ▼
------------------------	---

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2016

Transaction ID : D171629

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JIM RENACCI FOR CONGRESS

Mailing Address 150 SMOKERISE DRIVE

City	State	Zip Code
WADSWORTH	OH	44281

Purpose of Disbursement
Contribution

Candidate Name

Rep. James B. Renacci

Office Sought:	☒ House ☐ Senate ☐ President
----------------	--

Disbursement For: 2016	☒ Primary ☐ General ☐ Other (specify) ▼
------------------------	---

State: OH District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2016

Transaction ID : D171638

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JOE KENNEDY FOR CONGRESS

Mailing Address PO BOX 590464

City	State	Zip Code
NEWTON CENTER	MA	02459

Purpose of Disbursement
Contribution

Candidate Name

Rep. Joseph P. Kennedy III

Office Sought:	☒ House ☐ Senate ☐ President
----------------	--

Disbursement For: 2016	☒ Primary ☐ General ☐ Other (specify) ▼
------------------------	---

State: MA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2016

Transaction ID : D171620

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

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

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

5500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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(check only one)

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. CASTOR FOR CONGRESS

Mailing Address 301 W. Platt Street #385

City	State	Zip Code
Tampa	FL	33606

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kathy Castor

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2016

Transaction ID : D171632

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KURT SCHRADER FOR CONGRESS

Mailing Address PO BOX 3314

City	State	Zip Code
OREGON CITY	OR	97045

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kurt Schrader

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2016

Transaction ID : D171627

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 3750

City	State	Zip Code
Brentwood	TN	37024

Purpose of Disbursement
Contribution

Candidate Name

Rep. Marsha Blackburn

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2016

Transaction ID : D171636

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

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

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

3500.00

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**SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. PAT MEEHAN FOR CONGRESS

Mailing Address 50 S PROVIDENCE ROAD

City MEDIA	State PA	Zip Code 19063
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Purpose of Disbursement
Contribution

Candidate Name

Rep. Patrick L. Meehan

Office Sought:	☒ House ☐ Senate ☐ President
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Disbursement For: 2016	☒ Primary ☐ General ☐ Other (specify) ▼
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State: PA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2016

Transaction ID : D171635

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RYAN FOR CONGRESS

Mailing Address PO Box 1919

City Janesville	State WI	Zip Code 53547
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Purpose of Disbursement
Contribution

Candidate Name

Rep. Paul D. Ryan

Office Sought:	☒ House ☐ Senate ☐ President
----------------	--

Disbursement For: 2016	☐ Primary ☒ General ☐ Other (specify) ▼
------------------------	---

State: WI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2016

Transaction ID : D171631

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ROBIN KELLY FOR CONGRESS

Mailing Address PO BOX 6953

City CHICAGO	State IL	Zip Code 60680
-----------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Robin Kelly

Office Sought:	☒ House ☐ Senate ☐ President
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Disbursement For: 2016	☒ Primary ☐ General ☐ Other (specify) ▼
------------------------	---

State: IL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2016

Transaction ID : D171628

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).....▶

7000.00

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**SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF ROSA DELAURO

Mailing Address 12 TRUMBULL STREET

City NEW HAVEN	State CT	Zip Code 06511
-------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Rosa DeLauro

Office Sought:	☒ House ☐ Senate ☐ President
State: CT	District: 03

Disbursement For: 2016
☐ Primary ☐ General ☒ Other (specify) ▼ Convention

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2016

Transaction ID : D171630

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SCALISE FOR CONGRESS

Mailing Address PO BOX 23219

City JEFFERSON	State LA	Zip Code 70183
-------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Steve Scalise

Office Sought:	☒ House ☐ Senate ☐ President
State: LA	District: 01

Disbursement For: 2016
☒ Primary ☐ General ☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2016

Transaction ID : D171637

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TIM MURPHY FOR CONGRESS

Mailing Address P.O. BOX 24551

City PITTSBURGH	State PA	Zip Code 15234
--------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Tim Murphy

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

Disbursement For: 2016
☐ Primary ☒ General ☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2016

Transaction ID : D171617

Amount of Each Disbursement this Period

1500.00

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

6000.00

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**SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. PRICE FOR CONGRESS

Mailing Address P.O. Box 425

City	State	Zip Code
Roswell	GA	30077

Purpose of Disbursement
Contribution

Candidate Name

Rep. Tom Price

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2016

Transaction ID : D171640

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BEN CARDIN FOR SENATE, INC.

Mailing Address P.O. BOX 21093

City	State	Zip Code
CATONSVILLE	MD	21228

Purpose of Disbursement
Contribution

Candidate Name

Sen. Benjamin L. Cardin

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2016

Transaction ID : D171623

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF KELLY AYOTTE

Mailing Address PO BOX 937

City	State	Zip Code
MANCHESTER	NH	31050

Purpose of Disbursement
Contribution

Candidate Name

Sen. Kelly Ayotte

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2016

Transaction ID : D171621

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

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

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

6500.00

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**SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. BLUMENTHAL FOR CONNECTICUT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2016

Mailing Address 777 Summer St
Ste 103

City Stamford State CT Zip Code 06901-1085

Purpose of Disbursement
Contribution

Candidate Name

Sen. Richard Blumenthal

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☐ General
☒ Other (specify) ▼
Convention

State: CT District:

Transaction ID : D171626

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PORTMAN FOR SENATE COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2016

Mailing Address 9856 ARCHER LANE

City DUBLIN State OH Zip Code 43017

Purpose of Disbursement
Contribution

Candidate Name

Sen. Rob Portman

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District:

Transaction ID : D171639

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

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☐ Memo Item

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

5000.00

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

53500.00
