

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

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

ADDRESS (number and street) 7910 WOODMONT AVENUE SUITE 1050

Check if different than previously reported. (ACC) BETHESDA MD 20814

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00401695

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on _____ in the State of _____

- (d) 30-Day **Post -Election** Report for the:
- | | | |
|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|---|---------------------------------------|--|

Election on 11 02 2010 in the State of _____

5. Covering Period 10 14 2010 through 11 22 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 Christine deVries

Signature of Treasurer Electronically Filed by Christine deVries Date 11 30 2010

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							
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		28356.31
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	14743.27									
(c) Total Receipts (from Line 19)	4525.00	21320.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	19268.27	49676.31								
7. Total Disbursements (from Line 31)	7521.23	37929.27								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11747.04	11747.04								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	3500.00	13585.00
(ii) Unitemized	1025.00	7735.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4525.00	21320.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4525.00	21320.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	4525.00	21320.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4525.00	21320.00

DETAILED SUMMARY PAGE

of Disbursements

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.....	21.23	4179.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	21.23	4179.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	33500.00
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	250.00
(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	250.00
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))..	7521.23	37929.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7521.23	37929.27

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	4525.00	21320.00
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4525.00	21070.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	21.23	4179.27
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	21.23	4179.27

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 14
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Dr. Iqbal Ahmed

Mailing Address 2861 Kalawao Street

City State Zip Code
Honolulu HI 96822

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

Name of Employer Occupation
University of HI, Med Schl Geriatric Psychiatrist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.5645

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Dr. Allan A. Anderson

Mailing Address The Gardens at William Hill Manor
545 Cynwood Drive

City State Zip Code
Easton MD 21601-3864

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

Name of Employer Occupation
the Gardens William Hill Manor Geriatric Psychiatrist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.5647

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms Carol B Coleman-Kennedy

Mailing Address 12401 Brodie Creek Trail

City State Zip Code
Little Rock AR 72211

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

Name of Employer Occupation
Geriatric Psychiatry Nurse

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

Date of Receipt

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

Transaction ID: SA11AI.5659

Amount of Each Receipt this Period

125.00

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: (check only one)	PAGE 7 / 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-AC)

A.	Full Name (Last, First, Middle Initial) Dr. Christopher C. Colenda, MD	Date of Receipt MM / DD / YYYY 10 / 20 / 2010
	Mailing Address Robert C. Byrd Health Science Ctr West VA University, PO Box 9000	Transaction ID: SA11AI.5632
	City Morgantown State WV Zip Code 26506-9000	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Robert C. Byrd Health Science Occupation Chancellor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1125.00	

B.	Full Name (Last, First, Middle Initial) Dr. Laura Dunn	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address LPPI-Box 0984 401 Parnassus Avenue	Transaction ID: SA11AI.5660
	City San Francisco State CA Zip Code 94143	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer University of California Occupation Associate Professor of Psychiatry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Gary Kennedy	Date of Receipt MM / DD / YYYY 10 / 20 / 2010
	Mailing Address 446 East 86th St. Apt. 11	Transaction ID: SA11AI.5631
	City New York State NY Zip Code 10028-6472	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Montefiore Med Ctr. Occupation geriatric psychiatrist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 625.00	

SUBTOTAL of Receipts This Page (optional)	500.00
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 / 14

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

A. Full Name (Last, First, Middle Initial)
Dr. Benjamin Liptzin

Mailing Address 187 Williamsburg Dr.

City State Zip Code
Longmeadow MA 01106

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Baystate Medical Center Geriatric Psychiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
11 / 03 / 2010

Transaction ID: SA11AI.5654

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. J. Loebel

Mailing Address 5505 Coniston Rd. NE

City State Zip Code
Seattle WA 98105

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
10 / 20 / 2010

Transaction ID: SA11AI.5635

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. J. Loebel

Mailing Address 5505 Coniston Rd. NE

City State Zip Code
Seattle WA 98105

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt MM / DD / YYYY
11 / 05 / 2010

Transaction ID: SA11AI.5658

Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional) 625.00

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 / 14
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

A.

Full Name (Last, First, Middle Initial)
Dr. Cindy Deane Marshall

Mailing Address 7227 Colgate Avenue

City State Zip Code
Dallas TX 75225

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

Name of Employer Private Practice Occupation Geriatric Psychiatrist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.5653

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
Dr. Jason Mondale

Mailing Address Widger Road

City State Zip Code
Marblehead MA 01945

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

Name of Employer Occupation Geriatric Psychiatrist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.5630

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Harry E. Morgan

Mailing Address 55 Nye Road Ste 102

City State Zip Code
Glastonbury CT 06033-1281

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

Name of Employer Center for Geriatric and Famil Occupation Geriatric Psychiatrist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.5663

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **500.00**

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 / 14
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Dr. Thomas Oxman

Mailing Address 6 1/2 Mitchell Lane

City State Zip Code
Hanover NH 03755

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

Name of Employer Occupation
Dartmouth College geriatric psychiatrist

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

Date of Receipt

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

Transaction ID: SA11AI.5629

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Alan Steinberg, MD

Mailing Address 2539 Middle Country Road

City State Zip Code
Centereach NY 11720-3503

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

Name of Employer Occupation
Geriatric Psychiatrist

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

Date of Receipt

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

Transaction ID: SA11AI.5652

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Daniel D. Storch

Mailing Address 8905 Greylock Road

City State Zip Code
Baltimore MD 21208

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

Name of Employer Occupation
Private Practice Geriatric Psychiatrist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: SA11AI.5649

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 11 / 14	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

A.	Full Name (Last, First, Middle Initial) Dr. Marchant W. Van Gerpen, M.D.		Date of Receipt																					
	Mailing Address 2967 Riverside Avenue		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	1		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	1		2	0	1	0														
	City	State	Zip Code	Transaction ID: SA11AI.5636																				
	Jacksonville	FL	32205	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	250.00																					
Name of Employer		Occupation																						
		Psychiatrist																						
Receipt For:		Aggregate Year-to-Date ▼																						
<input type="checkbox"/> Primary <input type="checkbox"/> General			250.00																					
<input type="checkbox"/> Other (specify) ▼																								

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	3500.00

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

A. Full Name (Last, First, Middle Initial) BLUMENTHAL FOR SENATE Mailing Address 777 SUMMER STREET City STAMFORD State CT Zip Code 06901 Purpose of Disbursement contribution Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5670 Date of Disbursement 10 / 19 / 2010
	Amount of Each Disbursement this Period 2000.00 Category/Type
B. Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID Mailing Address P.O. BOX 19163 City LAS VEGAS State NV Zip Code 89132 Purpose of Disbursement contribution Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5673 Date of Disbursement 10 / 19 / 2010
	Amount of Each Disbursement this Period 1000.00 Category/Type
C. Full Name (Last, First, Middle Initial) FRIENDS OF BARBARA BOXER Mailing Address PO BOX 411176 City LOS ANGELES State CA Zip Code 90041 Purpose of Disbursement contribution Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5678 Date of Disbursement 10 / 19 / 2010
	Amount of Each Disbursement this Period 1000.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

A.	Full Name (Last, First, Middle Initial) MURPHY, CHRISTOPHER S MR. Mailing Address 825 Wolf Hill Road City Cheshire State CT Zip Code 06410 Purpose of Disbursement contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5667 Date of Disbursement 10 / 14 / 2010 Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS COMMITTEE Mailing Address P. O. Box 1986 City Raleigh State NC Zip Code 27602 Purpose of Disbursement contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5681 Date of Disbursement 10 / 19 / 2010 Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) ROS-LEHTINEN FOR CONGRESS Mailing Address P O Box 52-2784 City MIAMI State FL Zip Code 33152 Purpose of Disbursement contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5674 Date of Disbursement 10 / 19 / 2010 Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) SESTAK FOR CONGRESS	Transaction ID: SB23.5675 Date of Disbursement 10 / 19 / 2010
	Mailing Address P.O. Box 16	Amount of Each Disbursement this Period 1000.00
	City Media State PA Zip Code 19063	Category/ Type
	Purpose of Disbursement contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS	Transaction ID: SB23.5668 Date of Disbursement 10 / 19 / 2010
	Mailing Address P.O. Box 37091	Amount of Each Disbursement this Period 500.00
	City Charlotte State NC Zip Code 28237	Category/ Type
	Purpose of Disbursement contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US	Transaction ID: SB23.5677 Date of Disbursement 10 / 19 / 2010
	Mailing Address P.O. Box 490	Amount of Each Disbursement this Period 500.00
	City St. Joseph State MI Zip Code 49085	Category/ Type
	Purpose of Disbursement contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

7500.00