

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

Office Use Only

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

American Psychiatric Association Political Action Committee

ADDRESS (number and street)

1000 Wilson Boulevard

Suite 1825

☐Check if different
than previously
reported. (ACC)

Arlington

VA

22209

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00373696

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

06

01

2010

through

06

30

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

Mr. Nicholas Meyers

Signature of Treasurer

Electronically Filed by Mr. Nicholas Meyers

Date

07

13

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

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

American Psychiatric Association Political Action Committee

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2010		10244.55
(b) Cash on Hand at Beginning of Reporting Period	44155.80	
(c) Total Receipts (from Line 19)	9115.00	107526.25
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	53270.80	117770.80
7. Total Disbursements (from Line 31)	3000.00	67500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	50270.80	50270.80
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)

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Write or Type Committee Name

American Psychiatric Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	6	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	2990.00	55645.00
(ii) Unitemized	6125.00	48381.25
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	9115.00	104026.25
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➤	9115.00	104026.25
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	3500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9115.00	107526.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9115.00	107526.25

DETAILED SUMMARY PAGE

of Disbursements

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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.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	67500.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3000.00	67500.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3000.00	67500.00	

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)	9115.00	104026.25
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9115.00	104026.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 7 / 10

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Daniel Carl Dahl, Dr

Mailing Address 1713 6th Avenue South
Department of Psychiatry

City State Zip Code
Birmingham AL 35294-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
UAB

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 2B8CA3B8BF40B9B91C0

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

James Francis Dee, Dr

Mailing Address 7910 Andrus Road # 316

City State Zip Code
Alexandria VA 22306-3171

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: 3B0C5AB044082F6035E

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Tiffany R Farchione, Dr

Mailing Address 5850 Centre Avenue Apt. 204

City State Zip Code
Pittsburgh PA 15206-3782

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western Psychiatric Insti-
tute & Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: 808BF4A83D5B3F295B4

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

540.00

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 / 10

(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

A.

Full Name (Last, First, Middle Initial)

Gordon Gary Globus, Dr

Mailing Address 2990 Zurich Court

City

Laguna Beach

State

CA

Zip Code

92651-2052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 0E49B11021FA7B64410

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Brian Paul Jacks, Dr

Mailing Address 9903 Santa Monica Boulevard # 188

City

Beverly Hills

State

CA

Zip Code

90212-1671

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: 8E49313CABBA3239A72

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Deborah Jane Robinett, Dr

Mailing Address 2922 Capitol Avenue

City

Cheyenne

State

WY

Zip Code

82001-2755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 0

Transaction ID: C09DD5C66B7436D950E

Amount of Each Receipt this Period

800.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 10

(check only one)

<input checked="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.

Full Name (Last, First, Middle Initial)

Franklin Richard Schneier, Dr

Mailing Address 825 W. End Ave # 8B

City

New York

State

NY

Zip Code

10025-5349

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 21E21E1F33626BEBF34

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Charles Alfred Welch, Dr

Mailing Address 55 Fruit Street
Warren Building #601

City

Boston

State

MA

Zip Code

02114-2696

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mass General HospitalOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 4 / 2 0 1 0

Transaction ID: 81A4D1972B3208DAAB9

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

2990.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 10

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

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) David Scott for Congress	Transaction ID: A36C525897960A75370 Date of Disbursement
Mailing Address PO Box 960821	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 3 / 2 0 1 0</div> </div>
City Riverdale State GA Zip Code 30296	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Candidate Name David Albert Scott	<div> <div>1000.00</div> <div>011 Category/ Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) John Sullivan for Congress Inc	Transaction ID: 7F31F5660B1246F54FA Date of Disbursement
Mailing Address Post Office Box 470840	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 0 / 2 0 1 0</div> </div>
City Tulsa State OK Zip Code 74147	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 General Candidate Name John Sullivan	<div> <div>1000.00</div> <div>011 Category/ Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Marsha Blackburn for Congress Inc.	Transaction ID: D4727ED1170B4B2F6EF Date of Disbursement
Mailing Address PO Box 682185	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 5 / 2 0 1 0</div> </div>
City Franklin State TN Zip Code 37068	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Candidate Name Marsha Blackburn	<div> <div>1000.00</div> <div>011 Category/ Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

3000.00