



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**American Psychiatric Association Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="50957.47"/>	<input type="text" value="50957.47"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="110958.75"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="12525.08"/>	<input type="text" value="179282.29"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="123483.83"/>	<input type="text" value="230239.76"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8292.53"/>	<input type="text" value="115048.46"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="115191.30"/>	<input type="text" value="115191.30"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**American Psychiatric Association Political Action Committee**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7362.11	94728.86
(ii) Unitemized .....	4620.00	79917.44
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11982.11	174646.30
(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) .....	11982.11	174646.30
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).....	542.97	4635.99
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))..... ▶	12525.08	179282.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12525.08	179282.29

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	292.53	4323.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	292.53	4323.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	110500.00
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	225.00
(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	225.00
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)) ..	8292.53	115048.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8292.53	115048.46

**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) .....	11982.11	174646.30
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	225.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11982.11	174421.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	292.53	4323.46
37. Offsets to Operating Expenditures (from Line 15, page 3).....	542.97	4635.99
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-250.44	-312.53





**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 18  
(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. Leonard Charles Groopman MD**

Mailing Address 425 E 79th St Apt 1F

City State Zip Code  
 New York NY 10075-1038

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  
 09 / 15 / 2015  
**Transaction ID : C3115541**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Katherine Gershman Kennedy MD**

Mailing Address 17 Juniper Point Rd

City State Zip Code  
 Branford CT 06405

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  
 09 / 15 / 2015  
**Transaction ID : C3115526**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Debra E Koss MD**

Mailing Address 46 Main St Ste 201

City State Zip Code  
 Sparta NJ 07871-1910

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  
 09 / 15 / 2015  
**Transaction ID : C3115525**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Edward Thomas Lewis MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 45 Sycamore Avenue  
Unit 1421

City Charleston State SC Zip Code 29407

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 ▼ 404.60

Date of Receipt  
09 / 02 / 2015  
**Transaction ID : C3118869**

Amount of Each Receipt this Period  
45.45

**B. Lawrence Malak MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 140 Arbor Drive

City San Diego State CA Zip Code 92103

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  
09 / 25 / 2015  
**Transaction ID : C3118866**

Amount of Each Receipt this Period  
250.00

**C. Jaime Marchena MD**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 457

City Puerto Real State PR Zip Code 00740-0457

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

Name of Employer Self Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
09 / 01 / 2015  
**Transaction ID : C3115504**

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 660.45

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Melvin Philip Melnick MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 S. Homewood Ave.  
 City Pittsburgh State PA Zip Code 15208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015  
**Transaction ID : C3115576**  
 Amount of Each Receipt this Period  
 250.00

**B. Laurence H Miller MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Hickory Creek Dr  
 City Little Rock State AR Zip Code 72212-2508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : C3115488**  
 Amount of Each Receipt this Period  
 250.00

**C. Johannes C Ndlela MD,MPH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1456 Smiley Heights Dr  
 City Redlands State CA Zip Code 92373-6529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2015  
**Transaction ID : C3115517**  
 Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	865.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 18  
(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. Cassandra F Newkirk MD,PC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22306 Misty Woods Way  
 City Boca Raton State FL Zip Code 33428-3838  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Correct Care Solutions Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2015  
**Transaction ID : C3115535**  
 Amount of Each Receipt this Period  
 500.00

**B. David Pickar MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4915 Dorset Ave  
 City Chevy Chase State MD Zip Code 20815-5441  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2015  
**Transaction ID : C3115534**  
 Amount of Each Receipt this Period  
 300.00

**c. Elizabeth Anne Ramsey DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7609 Oakwilde Dr  
 City Fairview State PA Zip Code 16415-2074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Meadville Medical Center Occupation 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  
 09 / 25 / 2015  
**Transaction ID : C3115550**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 12 OF 18  
(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. Bruce Jan Schwartz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 E 210th St  
 City State Zip Code  
 Bronx NY 10467-2401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Montefiore Medical Center 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  
 09 / 09 / 2015  
**Transaction ID : C3115523**  
 Amount of Each Receipt this Period  
 250.00

**B. Jyoti Ramesh Shah MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 354 Stanley Dr  
 City State Zip Code  
 Kingston PA 18704-5610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Wyoming Valley Health Care Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015  
**Transaction ID : C3115577**  
 Amount of Each Receipt this Period  
 250.00

**C. Brian Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1719 2nd Street NW  
 City State Zip Code  
 Washington DC 20001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Psychiatric Association Director, State Gov't Affairs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2015  
**Transaction ID : C3115531**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. James Scott Stanley MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14524 Cantrell Rd.  
 City Little Rock State AR Zip Code 72223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Unity Healthcare Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 09 / 01 / 2015  
**Transaction ID : C3115507**  
 Amount of Each Receipt this Period 365.00

**B. Herman Andre Tolbert MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8231 Windsong Ct  
 City Columbus State OH Zip Code 43235-1491  
 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 ▼ 375.00

Date of Receipt 09 / 15 / 2015  
**Transaction ID : C3115530**  
 Amount of Each Receipt this Period 375.00

**C. Christine E Yuodelis- Flores MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 9th Ave  
 City Seattle State WA Zip Code 98104-2499  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harborview Medical Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 09 / 15 / 2015  
**Transaction ID : C3115538**  
 Amount of Each Receipt this Period 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	7362.11

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

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

FOR LINE NUMBER: PAGE 14 OF 18  
(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. American Psychiatric Association**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1000 Wilson Blvd  
 Ste 1825  
 City Arlington State VA Zip Code 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 ▼  
 4635.99

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : C3119799**  
 Amount of Each Receipt this Period  
 250.44  
 Reimbursed Bank Fees

**B. American Psychiatric Association**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1000 Wilson Blvd  
 Ste 1825  
 City Arlington State VA Zip Code 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 ▼  
 4635.99

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : C3119797**  
 Amount of Each Receipt this Period  
 292.53  
 Reimbursed Bank Fees

**C.**  
 Full Name (Last, First, Middle Initial)  
 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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	542.97
<b>TOTAL</b> This Period (last page this line number only).....▶	542.97

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Bank of America N.A.**

Mailing Address PO Box 27025

City Richmond State VA Zip Code 23261-7025

Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	1	5		

**Transaction ID : D168776**

Amount of Each Disbursement this Period

1	5	5	.	8	9
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Bank of America N.A.**

Mailing Address PO Box 27025

City Richmond State VA Zip Code 23261-7025

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	1	5		

**Transaction ID : D168777**

Amount of Each Disbursement this Period

7	6	.	6	9
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. PayPal, Inc.**

Mailing Address 2145 Hamilton Ave

City San Jose State CA Zip Code 95125-5905

Purpose of Disbursement  
Credit Card Processing Fees

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
0	9			0	3			2	0	1	5		

**Transaction ID : D168778**

Amount of Each Disbursement this Period

5	9	.	9	5
---	---	---	---	---

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

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

2	9	2	.	5	3
---	---	---	---	---	---

2	9	2	.	5	3
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. MATSUI FOR CONGRESS**

Mailing Address PO BOX 1738

City State Zip Code  
SACRAMENTO CA 95812

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Doris Matsui**

Office Sought:  House  
 Senate  
 President  
State: CA District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2015

**Transaction ID : D168733**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. BLUMENAUER FOR CONGRESS**

Mailing Address 232 NE 9th

City State Zip Code  
Portland OR 97232

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Earl Blumenauer**

Office Sought:  House  
 Senate  
 President  
State: OR District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2015

**Transaction ID : D168731**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. PAUL TONKO FOR CONGRESS**

Mailing Address 911 Central Avenue  
#221

City State Zip Code  
Albany NY 12206

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Paul D. Tonko**

Office Sought:  House  
 Senate  
 President  
State: NY District: 20

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2015

**Transaction ID : D168730**

Amount of Each Disbursement this Period

1000.00

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

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

4000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Psychiatric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. DR. RAUL RUIZ FOR CONGRESS**

Mailing Address P.O. BOX 3433

City State Zip Code  
Palm Desert CA 92261

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Raul Ruiz**

Office Sought:  House  
 Senate  
 President  
State: CA District: 36

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	1	5

**Transaction ID : D168732**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. FRIENDS OF SUSAN BROOKS**

Mailing Address 9425 N MERIDIAN STREET

City State Zip Code  
INDIANAPOLIS IN 46260

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Susan W. Brooks**

Office Sought:  House  
 Senate  
 President  
State: IN District: 05

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	1	5

**Transaction ID : D168654**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CHRIS MURPHY**

Mailing Address PO BOX 127

City State Zip Code  
CHESHIRE CT 06410

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. CHRISTOPHER S MURPHY**

Office Sought:  House  
 Senate  
 President  
State: CT District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼  
Convention

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	1	5

**Transaction ID : D168735**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3	0	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

3	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. ALEXANDER FOR SENATE 2014 INC**

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Voided Check - Orig Issued 5/15/2014

Candidate Name  
**Sen. Lamar Alexander**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: TN District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2015

**Transaction ID : D168775**

Amount of Each Disbursement this Period

-1500.00

Full Name (Last, First, Middle Initial)

**B. MIKE CRAPO FOR US SENATE**

Mailing Address PO BOX 1948

City BOISE State ID Zip Code 83701

Purpose of Disbursement  
Contribution

Candidate Name  
**Sen. Michael D. Crapo**

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 09 / 2015

**Transaction ID : D168734**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

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

Amount of Each Disbursement this Period

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

1000.00

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

8000.00