

**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
REPORTNEW
(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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

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

10

16

2014

through

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

11

24

2014

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 Scott Barnes

Signature of Treasurer

Scott Barnes

[Electronically Filed]

Date

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

12

04

2014

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 10 / 16 / 2014 To: M M / D D / Y Y Y Y Y 11 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		47565.94
(b) Cash on Hand at Beginning of Reporting Period.....	26710.16	
(c) Total Receipts (from Line 19)	31865.85	193886.99
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	58576.01	241452.93
7. Total Disbursements (from Line 31)	9961.12	192838.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	48614.89	48614.89
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
10		16		2014

To:

M M	/	D D	/	Y Y Y Y
11		24		2014

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).....

14569.99

91302.98

(ii) Unitemized

17204.00

97913.50

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

31773.99

189216.48

(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)

31773.99

189216.48

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).....

91.86

3670.51

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

1000.00

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))..... ▶

31865.85

193886.99

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

31865.85

193886.99

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	311.12	30568.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	311.12	30568.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	162000.00
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	150.00	270.00
(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)).....	150.00	270.00
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)) ..	9961.12	192838.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9961.12	192838.04

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)	31773.99	189216.48
34. Total Contribution Refunds (from Line 28(d))	150.00	270.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31623.99	188946.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	311.12	30568.04
37. Offsets to Operating Expenditures (from Line 15, page 3).....	91.86	3670.51
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	219.26	26897.53

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 6 OF 27

☒ 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. William Arroyo

Mailing Address 4034 Witzel Dr

City

Sherman Oaks

State

CA

Zip Code

91423-4612

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 ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : C2874157

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Lama Bazzi

Mailing Address 114 Prospect Pl
Apt. 1

City

Brooklyn

State

NY

Zip Code

11217

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUNY Downstate

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : C2874159

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Eugene Becker

Mailing Address 9 Cedar Dr

City

Great Neck

State

NY

Zip Code

11021-1954

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 / D D / Y Y Y Y Y Y
10 / 20 / 2014

Transaction ID : C2874088

Amount of Each Receipt this Period

500.00

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

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

1300.00

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

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

FOR LINE NUMBER: PAGE 7 OF 27

(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. Jules Henry Bohnn

Mailing Address 1215 Barkdull St

City

Houston

State

TX

Zip Code

77006-6403

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 ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 20 / 2014

Transaction ID : C2874096

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Stephen Eugene Buie

Mailing Address 158 Zillicoa St

City

Asheville

State

NC

Zip Code

28801-1079

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : C2874171

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. L Rodger Currie

Mailing Address 1000 Wilson Blvd.

Suite 1825

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Psychiatric Association

Occupation

Chief of Government Relations

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1833.32

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 20 / 2014

Transaction ID : C2874149

Amount of Each Receipt this Period

416.66

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

816.66

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

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

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

FOR LINE NUMBER: PAGE 8 OF 27
(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. Steven Daviss MD

Mailing Address 7922 Long Meadow Rd

City State Zip Code
Pikesville MD 21208-3022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fuse Health Strategies

Occupation

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
11 / 21 / 2014

Transaction ID : C2874173

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Russell William Denea

Mailing Address 268 Broadway
Ste 202

City State Zip Code
Saratoga Springs NY 12866-4271

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2014

Transaction ID : C2874085

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Heather M Fretwell

Mailing Address 2919 S Post Rd

City State Zip Code
Indianapolis IN 46239-9118

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : C2874133

Amount of Each Receipt this Period

50.00

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

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

1550.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 27

☒ 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. Heather M Fretwell

Mailing Address 2919 S Post Rd

City

Indianapolis

State

IN

Zip Code

46239-9118

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 ▼

450.00

Date of Receipt

11 / 24 / 2014

Transaction ID : C2874183

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Richard Lesesne Frierson

Mailing Address 2738 Wheat St

City

Columbia

State

SC

Zip Code

29205-2539

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

10 / 17 / 2014

Transaction ID : C2874082

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Alex Glijansky

Mailing Address 1579 Old York Rd

City

Abington

State

PA

Zip Code

19001-1807

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

10 / 16 / 2014

Transaction ID : C2875006

Amount of Each Receipt this Period

100.00

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

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

400.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 27

☒ 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. Roger L Greiger

Mailing Address 100 Evelyn Rd

City

Waban

State

MA

Zip Code

02468-1021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : C2874109

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Edward Scott Hartmann

Mailing Address 28 E 73rd St

City

New York

State

NY

Zip Code

10021-4143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : C2874212

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Mark Alan Haygood

Mailing Address 513 Lincoln St

City

Gadsden

State

AL

Zip Code

35904-2224

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 03 / 2014

Transaction ID : C2874146

Amount of Each Receipt this Period

25.00

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

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

525.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 27

☒ 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. Barry Keith Herman

Mailing Address 277 Upper Gulph Rd

City

State

Zip Code

Radnor

PA

19087-2417

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 21 / 2014

Transaction ID : C2874156

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Edward Richard Herman

Mailing Address 6 Butternut Rd

City

State

Zip Code

Briarcliff

NY

10510-2222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 21 / 2014

Transaction ID : C2874167

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Justin Bailey Hunt

Mailing Address 33 Bristol Ct

City

State

Zip Code

Little Rock

AR

72211-2163

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 21 / 2014

Transaction ID : C2874166

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 27

☒ 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. Fructuoso R Irigoyen-Rascon

Mailing Address 2116 E Griffin Pkwy
Ste A

City Mission State TX Zip Code 78572-3225

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 ▼

300.00

Date of Receipt

10 / 17 / 2014

Transaction ID : C2874075

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Carol Ann Kuchmak

Mailing Address 3331 Baywood Ln

City Napa State CA Zip Code 94558-3109

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 ▼

300.00

Date of Receipt

10 / 21 / 2014

Transaction ID : C2875053

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Larry Charles Lawrence

Mailing Address 828 Bath St. D

City Santa Barbara State CA Zip Code 93101

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

11 / 24 / 2014

Transaction ID : C2874188

Amount of Each Receipt this Period

500.00

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

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

950.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Charles Alan Lester

Mailing Address PO Box 678

City

Muskogee

State

OK

Zip Code

74402-0678

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 ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2014			

Transaction ID : C2875056

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Edward Thomas Lewis

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2014			

Transaction ID : C2874147

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Howard M Maziar

Mailing Address 5470 New Wellington Close NW

City

Atlanta

State

GA

Zip Code

30327-4875

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
11			21			2014			

Transaction ID : C2874164

Amount of Each Receipt this Period

250.00

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

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

365.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 27

☒ 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. John S McIntyre

Mailing Address 205 Grosvenor Road

City
Rochester

State
NY

Zip Code
14610-2551

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 ▼

916.63

Date of Receipt

10 / 17 / 2014

Transaction ID : C2874086

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. John S McIntyre

Mailing Address 205 Grosvenor Road

City
Rochester

State
NY

Zip Code
14610-2551

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 ▼

916.63

Date of Receipt

11 / 20 / 2014

Transaction ID : C2874148

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Michael John McManus

Mailing Address PO Box 1017

City
Theodore

State
AL

Zip Code
36590-1017

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

11 / 24 / 2014

Transaction ID : C2874208

Amount of Each Receipt this Period

250.00

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

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

416.66

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 27

☒ 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. George Wiles Middlekauff

Mailing Address PO Box 1426

City

Roseburg

State

OR

Zip Code

97470-0343

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 / D D / Y Y Y Y Y Y
10 / 20 / 2014

Transaction ID : C2874988

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Theresa M Miskimen

Mailing Address 11 Graham Place

City

Millstone Township

State

NJ

Zip Code

08535

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rutgers Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : C2874191

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mary S Nobilski-Plaskov

Mailing Address 9 Meadowbrook Rd

City

Arkport

State

NY

Zip Code

14807-9548

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2014

Transaction ID : C2874062

Amount of Each Receipt this Period

250.00

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

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

600.00

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)

PAGE 16 OF 27

☒ 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. Paul J O'Leary

Mailing Address 1225 50th St S

City

Birmingham

State

AL

Zip Code

35222-3915

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 ▼

550.00

Date of Receipt

11 / 03 / 2014

Transaction ID : C2874145

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Roger Peele

Mailing Address 413 King Farm Blvd Apt 401

City

Rockville

State

MD

Zip Code

20850-6680

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 ▼

1200.00

Date of Receipt

11 / 24 / 2014

Transaction ID : C2874184

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Edmond Hsin T Pi

Mailing Address 2010 Zonal Ave

Opd Building, Suite 1P-12

City

Los Angeles

State

CA

Zip Code

90089-0121

FEC ID number of contributing
federal political committee.

C

Name of Employer

USC School of Medicine/Dept of Psych

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 24 / 2014

Transaction ID : C2874187

Amount of Each Receipt this Period

1000.00

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

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

2050.00

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)

PAGE 17 OF 27

☒ 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. Mary Anne Pryzma

Mailing Address 8330 Naab Rd
Ste 305

City Indianapolis State IN Zip Code 46260-1932

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

10 / 17 / 2014

Transaction ID : C2874039

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Donald Reeves

Mailing Address 112 Raymond Ave

City South Orange State NJ Zip Code 07079-2340

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

10 / 16 / 2014

Transaction ID : C2875066

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Charles F Reynolds

Mailing Address 3811 Ohara St

City Pittsburgh State PA Zip Code 15213-2593

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pittsburgh School of Med

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 24 / 2014

Transaction ID : C2874127

Amount of Each Receipt this Period

250.00

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

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

600.00

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)

PAGE 18 OF 27

☒ 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. Robert Paul Roca

Mailing Address 6501 N Charles St

City
Baltimore

State
MD

Zip Code
21204-6819

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

11 / 21 / 2014

Transaction ID : C2874172

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Jo-Ellyn M Ryall

Mailing Address 10 Ladue Crest Ln

City

Saint Louis

State

MO

Zip Code

63124-1543

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 24 / 2014

Transaction ID : C2874998

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Mary Ann Schaepper

Mailing Address 1686 Barton Rd

City

Redlands

State

CA

Zip Code

92373-1488

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

11 / 21 / 2014

Transaction ID : C2874174

Amount of Each Receipt this Period

365.00

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

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

830.00

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 27

☒ 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. Alan David Schmetzer

Mailing Address 4170 Central Ave

City

Indianapolis

State

IN

Zip Code

46205-2605

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 ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : C2874132

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Shaun Snyder

Mailing Address 3901 Cathedral Ave NW

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Psychiatric Association

Occupation

Chief Strategy Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : C2874154

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Maurice Andrew Sprenger

Mailing Address 203 Hoohana St
Ste 303

City

Kahului

State

HI

Zip Code

96732-2476

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 24 / 2014

Transaction ID : C2874198

Amount of Each Receipt this Period

250.00

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

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

583.34

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 27
(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. Shannon T Suo

Mailing Address 8254 Prairie Star Ct

City

Sacramento

State

CA

Zip Code

95829-8136

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

11 / 21 / 2014

Transaction ID : C2874168

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jane M Theobald

Mailing Address 8303 Dodge St

City

Omaha

State

NE

Zip Code

68114-4108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Methodist Estabrook Cancer Center

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 21 / 2014

Transaction ID : C2874165

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Maria L. Tiamson-Kassab

Mailing Address 8025 Hagans Circle

City

San Diego

State

CA

Zip Code

92126-2784

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

11 / 21 / 2014

Transaction ID : C2874160

Amount of Each Receipt this Period

250.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 27
(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. Felix E Torres

Mailing Address PO Box 205189

Sunset Station

City

Brooklyn

State

NY

Zip Code

11220-7189

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : C2874162

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Steven Jay Wein

Mailing Address 10 W 86th St

#1B

City

New York

State

NY

Zip Code

10024-3606

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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2014

Transaction ID : C2875018

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Eric R Williams

Mailing Address 708 Cottontail Ct S

City

Columbia

State

SC

Zip Code

29229-9485

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 ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2014

Transaction ID : C2874135

Amount of Each Receipt this Period

83.33

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

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

433.33

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 27
(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. Deeann Wong

Mailing Address 345 Saxony Rd
Ste 201

City Encinitas State CA Zip Code 92024-2787

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
10 / 27 / 2014

Transaction ID : C2875077

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Mark S Wright

Mailing Address 1062 Wellington Way

City Lexington State KY Zip Code 40513-1200

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
11 / 21 / 2014

Transaction ID : C2874169

Amount of Each Receipt this Period

500.00

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

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

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

650.00

14569.99

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

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

FOR LINE NUMBER: PAGE 23 OF 27
(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. 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 ▼

3670.51

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 13 / 2014

Transaction ID : C2875929

Amount of Each Receipt this Period

91.86

Reimbursed Bank Fees

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 ☐ 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

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

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

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

91.86

91.86

<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

American Psychiatric Association Political Action Committee

A. Bank of America N.A.

Three 16x16 LED displays are shown, each with its segment pattern indicated above the number:

- Display 1: Shows '11'. Segment pattern: M M / D D / Y Y Y Y.
- Display 2: Shows '17'. Segment pattern: D D / Y Y Y Y.
- Display 3: Shows '2014'. Segment pattern: Y Y Y Y.

Category/
Type

87.75

State: District:

B. Bank of America N.A.

Category/
Type

163.42

State: District:

C. PayPal, Inc.

Category/
Type

59.95

State: District:

311.12

311.12

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

PAGE 25 OF 27

<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. AMI BERA FOR CONGRESS

Mailing Address POST OFFICE BOX 582496

City	State	Zip Code
ELK GROVE	CA	95758

Purpose of Disbursement
Contribution

Candidate Name

Rep. Amerish BeraOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2014

Transaction ID : D162948

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. TIM MURPHY FOR CONGRESS

Mailing Address P.O. BOX 24551

City	State	Zip Code
PITTSBURGH	PA	15234

Purpose of Disbursement
Contribution

Candidate Name

Rep. Tim MurphyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2014

Transaction ID : D162947

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. AL FRANKEN FOR SENATE 2014

Mailing Address PO BOX 583144

City	State	Zip Code
MINNEAPOLIS	MN	55458

Purpose of Disbursement
Contribution

Candidate Name

Sen. Al FrankenOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2014

Transaction ID : D162950

Amount of Each Disbursement this Period

2500.00

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)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 27

<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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2014

Mailing Address 228 S WASHINGTON STREET SUITE 115

City	State	Zip Code
ALEXANDRIA	VA	22314

Transaction ID : D162949Purpose of Disbursement
Contribution

Amount of Each Disbursement this Period

Candidate Name

Sen. Lamar AlexanderCategory/
Type

2500.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TN District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

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

2500.00

9500.00

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

PAGE 27 OF 27

<input 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 checked="" 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. Jules Henry Bohnn

Mailing Address 1215 Barkdull St

City	State	Zip Code
Houston	TX	77006-6403

Purpose of Disbursement
Refund of 10/20/2014 Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2014

Transaction ID : D162981

Amount of Each Disbursement this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

150.00

150.00
