

**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 (12G)

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

09

01

2008

through

09

30

2008

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

10

06

2008

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
0	9	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		48470.06
(b) Cash on Hand at Beginning of Reporting Period	7626.55	
(c) Total Receipts (from Line 19)	7355.00	248045.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	14981.55	296515.06
7. Total Disbursements (from Line 31)	10000.00	291533.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4981.55	4981.55
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
0	9	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	8

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	3700.00	100586.00
(i) Itemized (use Schedule A)	3655.00	143959.00
(ii) Unitemized	7355.00	244545.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➤	7355.00	244545.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	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))	7355.00	248045.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7355.00	248045.00

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) 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	80908.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	80908.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	206800.00
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	3825.00
(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	3825.00
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))..	10000.00	291533.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10000.00	291533.51

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)	7355.00	244545.00
34. Total Contribution Refunds (from Line 28(d))	0.00	3825.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7355.00	240720.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	80908.51
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	80908.51

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 / 12

☒ 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)

Mary A. Albaugh

Mailing Address 6155 Bridlewood Drive

City

Fairview

State

PA

Zip Code

16415-2708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Safe Harbor Behavioral He-
alth

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 9 / 0 6 / 2 0 0 8

Transaction ID: 09d6a7f804c93e5abca

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Joan M. Anzia

Mailing Address 1115 Forest Avenue

City

River Forest

State

IL

Zip Code

60305-1355

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 6 / 2 0 0 8

Transaction ID: 498a88fe71a06b7d523

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

William E. Callahan

Mailing Address 120 Vantis Suite 540

City

Aliso Viejo

State

CA

Zip Code

92656-2688

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
0 9 / 1 0 / 2 0 0 8

Transaction ID: de52bd2e37b81e88ef6

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 / 12

☒ 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)

Thomas K. Ciesla

Mailing Address 1301 20th Street Suite 212

City

Santa Monica

State

CA

Zip Code

90404-2080

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 ▼

350.00

Date of Receipt

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

Transaction ID: 176dadb6e42583f4a3

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Susan R. Erman

Mailing Address 12395 El Camino Real Suite 305

City

San Diego

State

CA

Zip Code

92130-3085

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
0 9 / 1 8 / 2 0 0 8

Transaction ID: 3611b98d5e2b0d51027

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Tiffany R. Farchione

Mailing Address 5850 Centre Avenue
Apt. 204

City

Pittsburgh

State

PA

Zip Code

15206

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 ▼

600.00

Date of Receipt

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

Transaction ID: 11823d4a3f3436eee53

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

550.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 8 / 12

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

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

NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Frank Guerra

Mailing Address 2255 S 88th St

City

Louisville

State

CO

Zip Code

80027-9716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centennial Peaks HospitalOccupation
Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	6	/	2	0	0	8

Transaction ID: 351bafb16e251e57cd6

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Nick Meyers

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
APAOccupation
Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: 46739de3e464894ec45

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Thomas A. Rebori

Mailing Address 777 W Melrose Street

City

Chicago

State

IL

Zip Code

60657-3417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
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	9	/	0	4	/	2	0	0	8

Transaction ID: e870299db707fce8ac5

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1550.00

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 / 12

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jennifer Salzberg

Mailing Address 2208 40th St NW Apt 4

City

Washington

State

DC

Zip Code

20007-1728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
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	9		1	9		2	0	0	8

Transaction ID: ebca6c7817342dc1eca

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

3700.00

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 / 12

<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

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)
Charles A. Gonzalez Congressional Campaign

Mailing Address PO Box 12612

City San Antonio State TX Zip Code 78212

Purpose of Disbursement
Contribution

Candidate Name
Charles Gonzalez

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 20

Transaction ID: 40387-6902582049369

Date of Disbursement

09 / 04 / 2008

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Levin for Congress

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement
Contribution

Candidate Name
Sander Levin

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 12

Transaction ID: 40387-2055169939994

Date of Disbursement

09 / 04 / 2008

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
People for Patty Murray U S Senate Campaign

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement
Contribution

Candidate Name
Patty Murray

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District:

Transaction ID: 40387-6312982439994

Date of Disbursement

09 / 04 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

PAGE 11 / 12

<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

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) Schakowsky for Congress Mailing Address PO Box 5130	Transaction ID: 40387-6537896990776 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 4 / 2 0 0 8</div> </div>
City Evanston State IL Zip Code 60204 Purpose of Disbursement Contribution Candidate Name Janice D. Schakowsky Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 09	Amount of Each Disbursement this Period <div>1000.00</div> <div>011</div> Category/Type
B. Full Name (Last, First, Middle Initial) Shore Pac Mailing Address PO Box 3157 City Long Branch State NJ Zip Code 07740 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: 20662-2064630389213 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>5000.00</div> <div>011</div> Category/Type
C. Full Name (Last, First, Middle Initial) Tim Murphy for Congress Mailing Address PO Box 24551 City Pttsburgh State PA Zip Code 15234 Purpose of Disbursement Contribution Candidate Name Timothy F. Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 18	Transaction ID: 40387-6078912615776 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 4 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> <div>011</div> Category/Type
SUBTOTAL of Disbursements This Page (optional) ▶	<div>7000.00</div> <div>10000.00</div>
TOTAL This Period (last page this line number only) ▶	

Image# 28933377300

Form/Schedule: **F3X**

Transaction ID:
