

**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  
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  
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)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

04

03

2012

MD

(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

through

M M M /

D D D /

Y Y Y Y Y Y

01

01

2012

03

14

2012

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 Nicholas Meyers

Signature of Treasurer

Nicholas Meyers

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

03

22

2012

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 Y  
01 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y  
03 / 14 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		<span style="border: 1px solid black; padding: 2px;">47594.54</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">47594.54</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">23016.94</span>	<span style="border: 1px solid black; padding: 2px;">23016.94</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">70611.48</span>	<span style="border: 1px solid black; padding: 2px;">70611.48</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">16716.89</span>	<span style="border: 1px solid black; padding: 2px;">16716.89</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">53894.59</span>	<span style="border: 1px solid black; padding: 2px;">53894.59</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ 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 Y  
 01 / 01 / 2012

To:

 M M / D D / Y Y Y Y Y  
 03 / 14 / 2012
**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).....

10165.00

10165.00

(ii) Unitemized .....

12345.00

12345.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

22510.00

22510.00

(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) .....

22510.00

22510.00

## 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).....

506.94

506.94

## 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))..... ▶

23016.94

23016.94

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

23016.94

23016.94

**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 .....	566.89	566.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	566.89	566.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	16000.00
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	150.00
(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	150.00
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)) ..	16716.89	16716.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16716.89	16716.89

**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) .....	22510.00	22510.00
34. Total Contribution Refunds (from Line 28(d)) .....	150.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22360.00	22360.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	566.89	566.89
37. Offsets to Operating Expenditures (from Line 15, page 3).....	506.94	506.94
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	59.95	59.95

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Psychiatric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Daniel J Anzia**

Mailing Address 7238 Franklin St  
Apt G

City State Zip Code  
Forest Park IL 60130-1177

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 05 / 2012

**Transaction ID : C1616189**

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. James Robert Batterson**

Mailing Address 2401 Gillham Rd

City State Zip Code  
Kansas City MO 64108-4619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Children's Mercy Hospital

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  
03 / 05 / 2012

**Transaction ID : C1616197**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Robert L Boyd**

Mailing Address 330 Highland Ln

City State Zip Code  
Bryn Mawr PA 19010-3742

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

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2012

**Transaction ID : C1616062**

Amount of Each Receipt this Period

250.00

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

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

2250.00

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

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NAME OF COMMITTEE (In Full)

**American Psychiatric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Clarence Paul Chou**

Mailing Address 9455 W Watertown Plank Rd

City State Zip Code  
 Milwaukee WI 53226-3559

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 05 / 2012

**Transaction ID : C1616170**

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

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  
 01 / 18 / 2012

**Transaction ID : C1605155**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. David R Diaz**

Mailing Address 2601 Cold Spring Rd

City State Zip Code  
 Indianapolis IN 46222-2202

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  
 01 / 06 / 2012

**Transaction ID : C1605457**

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

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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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 05 / 2012

**Transaction ID : C1616188**

Amount of Each Receipt this Period

250.00

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

M M / D D / Y Y Y Y Y Y  
02 / 24 / 2012

**Transaction ID : C1616318**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. David B Henley**

Mailing Address 630 Teetor Rd

City

Hagerstown

State

IN

Zip Code

47346-9617

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  
02 / 27 / 2012

**Transaction ID : C1616333**

Amount of Each Receipt this Period

250.00

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

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

750.00



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

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**American Psychiatric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Christopher P Khoury**

Mailing Address 125 S Grape St

City

Escondido

State

CA

Zip Code

92025-4406

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

01 / 13 / 2012

Transaction ID : C1605156

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Christopher P Khoury**

Mailing Address 125 S Grape St

City

Escondido

State

CA

Zip Code

92025-4406

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

02 / 27 / 2012

Transaction ID : C1616350

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Brian Paul Lipton**

Mailing Address 1111 Park Ave

City

New York

State

NY

Zip Code

10128-1234

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

03 / 05 / 2012

Transaction ID : C1616208

Amount of Each Receipt this Period

250.00

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

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

550.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Psychiatric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Glenn Andrew Martin**

Mailing Address 8270 164th St N  
Apt 24

City State Zip Code  
Jamaica NY 11432-1121

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

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2012

**Transaction ID : C1616059**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Nicholas Meyers**

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

American Psychiatric Association

Director, DGR

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  
03 / 05 / 2012

**Transaction ID : C1616192**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Franklin David Russek**

Mailing Address 30 E End Ave

City State Zip Code  
New York NY 10028-7053

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

M M / D D / Y Y Y Y Y Y  
01 / 11 / 2012

**Transaction ID : C1605159**

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

**American Psychiatric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jo-Ellyn 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 ▼

250.00

Date of Receipt

03 / 05 / 2012

**Transaction ID : C1616165**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Suzanne J Sampang**

Mailing Address 3659 Herschel Ave

City

Cincinnati

State

OH

Zip Code

45208-1936

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

03 / 05 / 2012

**Transaction ID : C1616191**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Leslie Seiden**

Mailing Address 133 E 91st St

City

New York

State

NY

Zip Code

10128-1796

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

02 / 27 / 2012

**Transaction ID : C1616358**

Amount of Each Receipt this Period

250.00

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

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

750.00

# **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 21  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Psychiatric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steven Samuel Sharfstein**

Mailing Address 6501 N Charles St

City

Towson

State

MD

Zip Code

21204-6819

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sheppard-Pratt Health System

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  
02 / 27 / 2012

**Transaction ID : C1616345**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Kent D Shinbach**

Mailing Address 435 E 79th St

City

New York

State

NY

Zip Code

10075-1034

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  
02 / 24 / 2012

**Transaction ID : C1616319**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ann T Sullivan**

Mailing Address 14 Stuyvesant Oval  
Apt 9F

City

New York

State

NY

Zip Code

10009-2229

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  
03 / 05 / 2012

**Transaction ID : C1616190**

Amount of Each Receipt this Period

250.00

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

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

1000.00

# **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 13 OF 21

☒ 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. Shastri Swaminathan**

Mailing Address 130 E Oak St  
Apt 35A

City State Zip Code  
Chicago IL 60611-1505

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

M M / D D / Y Y Y Y Y Y  
03 / 05 / 2012

**Transaction ID : C1616194**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Megan E Testa**

Mailing Address 2560 N Moreland Blvd  
Apt 203

City State Zip Code  
Shaker Heights OH 44120-1369

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

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2012

**Transaction ID : C1616139**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. John J Wernert**

Mailing Address 1776 Summerlakes Ct

City State Zip Code  
Carmel IN 46032-9679

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Mdwise, Inc

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 Y  
03 / 05 / 2012

**Transaction ID : C1616206**

Amount of Each Receipt this Period

1000.00

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

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

1500.00

# **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 21  
(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. Melinda Louise Young**

Mailing Address 3527 Mt Diablo Blvd  
# 337

City Lafayette State CA Zip Code 94549-3815

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 ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 05 / 2012

**Transaction ID : C1616187**

Amount of Each Receipt this Period

365.00

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)..... ►

365.00

10165.00

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

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

FOR LINE NUMBER: PAGE 15 OF 21  
(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 ▼

506.94

Date of Receipt

01 / 13 / 2012

Transaction ID : C1605477

Amount of Each Receipt this Period

95.90

Refund of Merchant & Credit Card Processing Fees

Full Name (Last, First, Middle Initial)

## **B. 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 ▼

506.94

Date of Receipt

01 / 31 / 2012

Transaction ID : C1605475

Amount of Each Receipt this Period

113.50

Refund of Bank Fees

Full Name (Last, First, Middle Initial)

## **C. 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 ▼

506.94

Date of Receipt

02 / 10 / 2012

Transaction ID : C1616282

Amount of Each Receipt this Period

35.95

Refund of Merchant Fees

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

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

245.35

# **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 21

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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. 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 ▼

506.94

Date of Receipt

M M / D D / Y Y Y Y Y  
02 29 2012

**Transaction ID : C1616277**

Amount of Each Receipt this Period

170.46

Refund of Bank & Credit Card Processing Fees

Full Name (Last, First, Middle Initial)

## **B. 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 ▼

506.94

Date of Receipt

M M / D D / Y Y Y Y Y  
03 09 2012

**Transaction ID : C1617740**

Amount of Each Receipt this Period

91.13

Refund of Merchant Fees

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

Amount of Each Receipt this Period

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

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

261.59

506.94



**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 17 OF 21

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

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NAME OF COMMITTEE (In Full)

**American Psychiatric Association Political Action Committee**

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  
01      03      2012
**Transaction ID : D125442**

Amount of Each Disbursement this Period

35.95

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  
01      17      2012
**Transaction ID : D125443**

Amount of Each Disbursement this Period

113.50

Full Name (Last, First, Middle Initial)

**C. 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  
02      01      2012
**Transaction ID : D126679**

Amount of Each Disbursement this Period

35.95

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

185.40

**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 18 OF 21

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

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NAME OF COMMITTEE (In Full)

**American Psychiatric Association Political Action Committee**

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

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

02

15

2012

**Transaction ID : D126680**

Amount of Each Disbursement this Period

110.51

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

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

03

01

2012

**Transaction ID : D126859**

Amount of Each Disbursement this Period

91.13

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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

Amount of Each Disbursement this Period

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

201.64

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

387.04

**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 19 OF 21

<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. Democratic Congressional Campaign Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		10		2012

Mailing Address 430 South Capitol Street, SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type**Transaction ID : D126399**

Amount of Each Disbursement this Period

5000.00

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. MCGOFF FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		10		2012

Mailing Address PO Box 44188

City Indianapolis State IN Zip Code 46244

Purpose of Disbursement  
Contribution

Candidate Name

**John P McGoff**Category/  
Type**Transaction ID : D126397**

Amount of Each Disbursement this Period

1000.00

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 05

Full Name (Last, First, Middle Initial)

**C. National Republican Congressional Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		10		2012

Mailing Address 320 1st St SE

City Washington State DC Zip Code 20003-1838

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type**Transaction ID : D126398**

Amount of Each Disbursement this Period

5000.00

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

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

11000.00

**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 20 OF 21

<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. DUTCH RUPPERSBERGER FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		20		2012

Mailing Address 22 West Padonia Road Suite C-141

City	State	Zip Code
Timonium	MD	21093

**Transaction ID : D125172**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**Rep. C.A. Ruppensberger**Category/  
Type

1000.00

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 02

Full Name (Last, First, Middle Initial)

**B. PAUL TONKO FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		20		2012

Mailing Address 911 Central Avenue

City	State	Zip Code
Albany	NY	12206

**Transaction ID : D125174**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**Rep. Paul Tonko**Category/  
Type

1000.00

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 21

Full Name (Last, First, Middle Initial)

**C. ROSKAM FOR CONGRESS COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2012

Mailing Address P. O. Box 713

City	State	Zip Code
Wheaton	IL	60187

**Transaction ID : D126857**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**Rep. Peter Roskam**Category/  
Type

2000.00

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 06

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

4000.00
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