

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Psychiatric Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		113918.67
(b) Cash on Hand at Beginning of Reporting Period.....	122958.72	
(c) Total Receipts (from Line 19)	21110.14	152177.46
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	144068.86	266096.13
7. Total Disbursements (from Line 31).....	455.24	122482.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	143613.62	143613.62
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

Write or Type Committee Name

American Psychiatric Association Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8987.65	101502.60
(ii) Unitemized	8835.77	43954.48
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	17823.42	145457.08
(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)	17823.42	145457.08
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).....	786.72	4220.38
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	2500.00	2500.00
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)).....▶	21110.14	152177.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	21110.14	152177.46

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

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	455.24	4232.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	455.24	4232.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	118000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	250.00
(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	250.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	455.24	122482.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	455.24	122482.51

DETAILED SUMMARY PAGE
of Disbursements

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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)	17823.42	145457.08
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17823.42	145207.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	455.24	4232.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	786.72	4220.38
38. Net Operating Expenditures (subtract Line 37 from Line 36)	- 331.48	12.13

**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 20
<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. Ancona, Laura, Carmen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 Trantor Pl
 City Staten Island State NY Zip Code 10302-1902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 30 / 2018**
Transaction ID : C3762463
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Banov, Michael, D, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 Margaret Ave NE
 City Marietta State GA Zip Code 30060-1306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Psychiatrist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 25 / 2018**
Transaction ID : C3751974
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Barnett, Debra, Marie, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14437 University Cove Pl
 City Tampa State FL Zip Code 33613-3741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Psychiatrist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.01

Date of Receipt **07 / 05 / 2018**
Transaction ID : C3737302
 Amount of Each Receipt this Period 166.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	666.67
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 OF 20
	<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

A. Boss, Eric, E, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1510 Arborwoods Dr

City Brownsburg	State IN	Zip Code 46112-7740
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RL Roudebush VA Medical Center	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
668.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2018

Transaction ID : C3750935

Amount of Each Receipt this Period
83.50

Memo Item

B. Butler, Francis, K, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Main St

City Safety Harbor	State FL	Zip Code 34695-3657
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Psychiatrist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2018

Transaction ID : C3747258

Amount of Each Receipt this Period
250.00

Memo Item

C. Coyle, Colleen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3504 Rustic Way Ln

City Falls Church	State VA	Zip Code 22044-1245
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) American Psychiatric Association	Occupation (for Individual) General Counsel
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
624.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2018

Transaction ID : C3762502

Amount of Each Receipt this Period
78.00

Memo Item

* Payroll Deduction: (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	411.50
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 8 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Davis, Mary Helen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10720 Hobbs Station Rd

City Louisville	State KY	Zip Code 40223-2698
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2018

Transaction ID : C3753497

Amount of Each Receipt this Period
250.00

Memo Item

B. De Nesnera, Alexander, Peter, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Fogg St

City Concord	State NH	Zip Code 03301-2594
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New Hampshire Hospital	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2018

Transaction ID : C3762484

Amount of Each Receipt this Period
250.00

Memo Item

C. Dowling, Frank, G, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 St Johns Cir

City Oakdale	State NY	Zip Code 11769-1631
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2018

Transaction ID : C3750923

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 20
	<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

A. Frierson, Richard, Lesesne, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) University of South Carolina Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 17 / 2018**
Transaction ID : C3747281
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Gorrindo, Tristan, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Wilson Blvd Fl 20
 City Arlington State VA Zip Code 22209-3927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Psychiatric Association Occupation (for Individual) Director of Education
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.00

Date of Receipt **07 / 19 / 2018**
Transaction ID : C3762506
 Amount of Each Receipt this Period 78.00
 Memo Item
 * Payroll Deduction: (\$39.00 Bi-Weekly)

C. Griffith, Linda, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 W North College St
 City Yellow Spgs State OH Zip Code 45387-1536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Consolidated Care Inc Occupation (for Individual) Psychiatrist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 11 / 2018**
Transaction ID : C3741010
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	578.00
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 10 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Grissom, Christine, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5200 State Road 46
 City Mims State FL Zip Code 32754-5413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Psychiatrist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 16 / 2018**
Transaction ID : C3747259
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Hamlyn, Harry, Ward, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 915 Mountain View Rd
 City Rapid City State SD Zip Code 57702-3414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 12 / 2018**
Transaction ID : C3762446
 Amount of Each Receipt this Period 350.00
 Memo Item

C. Hutto, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3817 Rainforest Cir
 City Norcross State GA Zip Code 30092-2347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 23 / 2018**
Transaction ID : C3762455
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
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 11 OF 20
<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

A. Kagan, Bruce, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 655 Haverford Ave
 City Pacific Palisades State CA Zip Code 90272-4311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 30 / 2018
Transaction ID : C3762481
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Keen, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Wilson Blvd Suite 1825
 City Arlington State VA Zip Code 22209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Psychiatric Association Occupation (for Individual) Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt 07 / 19 / 2018
Transaction ID : C3762508
 Amount of Each Receipt this Period 38.48
 Memo Item
 * Payroll Deduction: (\$19.24 Bi-Weekly)

C. Kroeger-Ptakowski, Kristin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 58A N. Bedford St
 City Arlington State VA Zip Code 22201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 19 / 2018
Transaction ID : C3762510
 Amount of Each Receipt this Period 125.00
 Memo Item
 * Payroll Deduction: (\$62.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	413.48
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 12 OF 20
<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

A. Lewis, Edward, Thomas, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 Sycamore Ave
 Apt 1421
 City Charleston State SC Zip Code 29407-6787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical University of SC Occupation (for Individual) Psychiatrist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.62

Date of Receipt 07 / 04 / 2018
Transaction ID : C3736524
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Mittal, Moneeshindra, S, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 510 N Bracken St
 City Wichita State KS Zip Code 67206-7800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Christi Clinic Occupation (for Individual) Psychiatrist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 12 / 2018
Transaction ID : C3762435
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Ortego, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 615 Esplanade
 Unit 409
 City Redondo Beach State CA Zip Code 90277-4136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cal State University LA Occupation (for Individual) Psychiatrist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 25 / 2018
Transaction ID : C3751867
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	791.66
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: (check only one)	PAGE 13 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Pender, Vivian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22 Pomander Walk

City New York	State NY	Zip Code 10025-6931
------------------	-------------	------------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2018

Transaction ID : C3747027

Amount of Each Receipt this Period
500.00

Memo Item

B. Pothuloori, Pratap, V, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3104 N 171st Ave

City Omaha	State NE	Zip Code 68116
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2018

Transaction ID : C3762494

Amount of Each Receipt this Period
500.00

Memo Item

C. Resch, William, J, , DO
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6320 Havens Rd

City Blacklick	State OH	Zip Code 43004-9670
-------------------	-------------	------------------------

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

Name of Employer (for Individual) OhioHealth	Occupation (for Individual) Psychiatrist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2018

Transaction ID : C3747901

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 14 OF 20
<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

A. Runnels, Patrick, S, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15617 Fernway Rd
 City Shaker Heights State OH Zip Code 44120-3351
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Hospitals Occupation (for Individual) Psychiatrist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 07 / 07 / 2018
Transaction ID : C3738128
 Amount of Each Receipt this Period 83.34
 Memo Item

B. Sack, Peter, Gordon, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3333 Henry Hudson Pkwy
 City Bronx State NY Zip Code 10463-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 11 / 2018
Transaction ID : C3741012
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Schacter-Fitzgerald, Randie, , , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 212 W Matthews St Ste 106
 City Matthews State NC Zip Code 28105-5442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Psychiatrist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 25 / 2018
Transaction ID : C3751865
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	583.34
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 15 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Sonkiss, Joshua, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1265 Bannister Dr
 City Anchorage State AK Zip Code 99508-3923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sonkiss Medical Consulting, LLC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 07 / 17 / 2018
Transaction ID : C3747888
 Amount of Each Receipt this Period 525.00
 Memo Item

B. Warnell, Ronald, Lee, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 404 New York St Unit 7279
 City Redlands State CA Zip Code 92375-7013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RSB County Indian Health, Inc Occupation (for Individual) Psychiatrist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 14 / 2018
Transaction ID : C3747026
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Williams, Eric, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self Employed Occupation (for Individual) Psychiatrist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 28 / 2018
Transaction ID : C3763871
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	709.00
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 16 OF 20
<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

A. Wills, Cheryl, D, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5247 Wilson Mills Rd # 452
 City Cleveland State OH Zip Code 44143-3016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Hospitals of Cleveland Occupation (for Individual) Psychiatrist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 25 / 2018
Transaction ID : C3751966
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Wong, DeeAnn, Yuk-Han, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5232 Quaker Hill Ln
 City San Diego State CA Zip Code 92130-4890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 01 / 2018
Transaction ID : C3735435
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Wright, Sydney T, Thurman, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Munich St
 City San Francisco State CA Zip Code 94112-2149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 25 / 2018
Transaction ID : C3751978
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	900.00
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 17 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Wylonis, Lauren, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1035 Sugartown Rd
 City Berwyn State PA Zip Code 19312-1883
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KingsHaven Occupation (for Individual) Physician/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 15 / 2018
Transaction ID : C3747035
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Young, Melinda, Louise, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 08 / 2018
Transaction ID : C3738136
 Amount of Each Receipt this Period 84.00
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	584.00
TOTAL This Period (last page this line number only).....	8987.65

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

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

FOR LINE NUMBER: PAGE 18 OF 20
(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 of Individual (Last, First, Middle Initial) or Full Organization Name
A. American Psychiatric Association

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 (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 4220.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2018

Transaction ID : C3762518

Amount of Each Receipt this Period
 786.72

Memo Item

Reimbursed Bank Fees

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B.

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C.

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	786.72
TOTAL This Period (last page this line number only).....	786.72

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 19 OF 20
<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 type="checkbox"/> 15	<input checked="" type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. TEAM RYAN
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 320 1ST STREET SE

City WASHINGTON	State DC	Zip Code 20003
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FEC ID number of contributing federal political committee. **C** C00545947

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	17	/	2018

Transaction ID : C3762498

Amount of Each Receipt this Period
2500.00

Memo Item

Refund of 03/16/2018 Contribution

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	2500.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. BB&T

Mailing Address 3033 Wilson Blvd.

City Arlington State VA Zip Code 22201

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2018

FEC Identification Number

C

Transaction ID : D184338

Amount of Each Disbursement this Period

395.29

Memo Item

Full Name (Last, First, Middle Initial)

B. PayPal, Inc.

Mailing Address 2145 Hamilton Ave

City San Jose State CA Zip Code 95125-5905

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2018

FEC Identification Number

C

Transaction ID : D184339

Amount of Each Disbursement this Period

59.95

Memo Item

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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

455.24

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

455.24