Image# 14950051426			_	PAGE 1 / 15
	EPORT OF F ND DISBURS Other Than An Author	SEMENTS	3	Office Use Only
	PE OR PRINT V	Example: If typing	g, type 12FE4	
COMMITTEE (in full)		over the lines.		
American Psychiatric Ass			9	
ADDRESS (number and street)	000 Wilson Boulevard			
Check if different	suite1825			
than previously reported. (ACC)	Arlington			
2. FEC IDENTIFICATION NUMB			STATE 🔺	ZIP CODE
C C00373696	3. IS T REF	PORT × (N	ew or	AMENDED (A)
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	(b) Monthly Report Due On: Mar 20			Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15	Apr 20	(M4) Ju	ul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
Quarterly Report (Q1) July 15	(c) 12-Day PRE-Election	Primary (12P)	Gene	eral (12G) Runoff (12R)
Quarterly Report (Q2) October 15	Report for the:	Convention (12	2C) Spec	ial (12S)
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election	on	D D / Y Y Y Y	Y in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election Report for the:	General (30G)	Runc	off (30R) Special (30S)
Termination Report (TER)	Election	on /	D D / Y Y Y	in the State of
5. Covering Period 07	01 / Y Y Y Y 01 2014	through	M M / D D 07 31	/ Y Y Y Y 2014
I certify that I have examined this R	-	y knowledge and be	elief it is true, correct	and complete.
Type or Print Name of Treasurer	Scott Barnes			
Signature of Treasurer	ies	[Electronically]		8 / D D / Y Y Y Y 20 2014
NOTE: Submission of false, erroneous	, or incomplete information r	nay subject the perso	on signing this Report	to the penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3X Rev. 12/2004

08/20/2014 08 : 01

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

	F	EC F	orm	3X	(Rev.	02/2003)
Write	or	Type	Com	nmit	tee N	ame	

American Psychiatric Association Political Action Committee

R	eport Covering the Period: From: 07	M / D D / Y Y Y Y Y 01 2014 To	. 07 31 Y Y Y Y 2014
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		47565.94
	(b) Cash on Hand at Beginning of Reporting Period	24213.95	
	(c) Total Receipts (from Line 19)	14458.20	143172.02
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	38672.15	190737.96
7.	Total Disbursements (from Line 31)	9227.03	161292.84
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	29445.12	29445.12
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

X

DET	AILED SUMMARY PAGE	
FEC Form 3X (Rev. 06/2004)	of Receipts	Page 3
Write or Type Committee Name		
American Psychiatric Association Polit	tical Action Committee	
Report Covering the Period: From: 07	/ D D / Y Y Y Y 01 2014 To:	07 / D D / Y Y Y Y 07 31 2014
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
 (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) 	5066.67	68809.33
(ii) Unitemized	9164.50	70454.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	14231.17	139263.83
(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)	14231.17	139263.83
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
 Loan Repayments Received Offsets To Operating Expenditures 	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	227.03	2908.19
to Federal Candidates and Other Political Committees	0.00	1000.00
 Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds 	0.00	0.00
(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))▶	14458.20	143172.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)►	14458.20	143172.02

Image# 14950051428

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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	227.03	23672.84
(c) Total Operating Expenditures	227.03	23672.84
(add 21(a)(i), (a)(ii), and (b)) ► Transfers to Affiliated/Other Party		
Committees Contributions to Federal Candidates/Committees	0.00	0.00
and Other Political Committees	9000.00	137500.00
Independent Expenditures (use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	120.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	100.00
(add Lines 28(a), (b), and (c))►		120.00
Other Disbursements	0.00	0.00
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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	9227.03	161292.84
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	9227.03	161292.84

FE6AN026

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	14231.17	139263.83	
 Total Contribution Refunds (from Line 28(d)) 	0.00	120.00	
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	14231.17	139143.83	
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	227.03	23672.84	
 Offsets to Operating Expenditures (from Line 15, page 3) 	227.03	2908.19	
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	20764.65	

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE

6 OF

			Use separate schedule(s)	(c	(check only one)							
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c	12	Г	17	
	ny information copied from such Reports and S for commercial purposes, other than using the				for the		oose of	soliciting	g contril	butio	ns	
\backslash	NAME OF COMMITTEE (In Full)											
	American Psychiatric Association	on Politica	al Action Committee									
Α.	Full Name (Last, First, Middle Initial) David R Diaz				Date of	f Re	ceipt					
	Mailing Address 2601 Cold Spring Rd				м м 07	/	25	/ Y	2014		1	
	City	State	Zip Code		Trans	acti	ion ID :	C280508	37			
	Indianapolis	IN	46222-2202	_	Amount	t of	Each R	eceipt th	nis Perio	bd		
	FEC ID number of contributing federal political committee.	С					,		1	00.0	0	
	Name of Employer	Occupation										
	Self Employed	Physician										
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General Other (specify)		1125.00	11								
			7 7 7	41.								
В.	Full Name (Last, First, Middle Initial) David Michael Dressler				Date of	f Re	ceipt					
	Mailing Address 51 Sherman Hill Rd Ste A103A				07	/	D D 14	/ Y	y y 2014	Y]	
	City	State	Zip Code		Trans	acti	on ID :	C280503	38			
	Woodbury	СТ	06798-3648	_	Amount	t of	Each R	eceipt th	nis Perio	bc		
	FEC ID number of contributing federal political committee.	С					,	7	2	50.00	0	
	Name of Employer Self Employed	Occupation Physician										
	Receipt For:		Year-to-Date ▼									
	Primary General			11.								
	Other (specify)		, 250.00									
С.	Full Name (Last, First, Middle Initial) Heather M Fretwell				Date of	f Re	ceipt					
	Mailing Address 2919 S Post Rd				м м 07	/	25	/ Y	2014	Y	1	
	City	State	Zip Code		Trans	sact	ion ID :	C28050	86			
	Indianapolis	IN	46239-9118	_	Amount	t of	Each R	eceipt th	nis Perio	bd		
	FEC ID number of contributing federal political committee.	С					,			50.0	0	
	Name of Employer	Occupation										
	Self Employed	Physician										
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General		250.00	11								
	Other (specify)		230.00	41.								
\vdash	UBTOTAL of Receipts This Page (optional)			▶ ►			7	5	4(00.00)	
1 1	(,,		-	a second s		1		and the second se			

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 7 OF

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Psychiatric Assoc	iation Politica	al Action Committee	
Full Name (Last, First, Middle Initial) A. Paul Benjamin Lieberman Mailing Address 82 Laurel Ave			Date of Receipt
City	State	Zip Code	07 01 2014 Transaction ID : C2804813
Providence	RI	02906-4800	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer	Occupation Physician		
Brown University Medical Center Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) John S McIntyre Mailing Address 205 Grosvenor Road			Date of Receipt
City Rochester	State NY	Zip Code 14610-2551	Transaction ID : C2805089 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer Self Employed	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.31]
Full Name (Last, First, Middle Initial) C. Paul J O'Leary			Date of Receipt
Mailing Address 1225 50th St S			07 01 2014
City Birmingham	State AL	Zip Code 35222-3915	Transaction ID : C2805012
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer	Occupation	I	
Self Employed Receipt For:	Physician		
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]
SUBTOTAL of Receipts This Page (optional	al)		1133.33
TOTAL This Period (last page this line nun	nber 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

TEMIZED RECEIPTS		Detailed Summary Page		11a		11b	11c		12	
				13		14	15		16	17
Any information copied from such Reports and or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full)										
American Psychiatric Associa	tion Politica	al Action Committee								
Full Name (Last, First, Middle Initial) A. Peter Armando Ramirez				Date of	Re	ceipt				
Mailing Address 2301 Wedgewood Dr				м м 07	/	01			2014	Y
City	State	Zip Code		Trans	acti	on ID :	C28048	B00		
Beavercreek	OH	45434-8033	A	mount	t of	Each R	leceipt	this F	Period	
FEC ID number of contributing federal political committee.	С					7	. ,		150	00
Name of Employer	Occupation									
Self Employed	Physician									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		450.00								
Full Name (Last, First, Middle Initial) B. Peter Armando Ramirez				Date of	Re	ceipt				
Mailing Address 2301 Wedgewood Dr				м м 07	/	14		y y 20	014	Y
City	State	Zip Code		Trans	acti	on ID :	C28050)57		
Beavercreek	OH	45434-8033	Amount of Each Receipt this Perio						Period	
FEC ID number of contributing federal political committee.	С					7	. ,		300.	00
Name of Employer Self Employed	Occupation Physician									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00								
Full Name (Last, First, Middle Initial) C. Patricia Ryan Recupero				Date of	Re	ceipt				
Mailing Address 345 Blackstone Blvd				м м 07	/	14			014	Y
City	State RI	Zip Code				ion ID :				_
Providence		02906-4800	A	mount	t of	Each R	leceipt	this F	Period	
FEC ID number of contributing federal political committee.	С					3			500	.00
Name of Employer	Occupation		\neg							
Butler Hospital	Physician									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General		500.00	11							
Other (specify)		500.00								
SUBTOTAL of Receipts This Page (optional).						л. Г.			950.	00
TOTAL This Period (last page this line number	er only)		. [,				

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTO

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 9 OF

ITEMIZED RECEIPTS	for each cate Detailed Sum		X 11a 11b 11c 12 13 14 15 16 17										
Any information copied from such Reports and or for commercial purposes, other than using th			rson for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full) American Psychiatric Associati	on Political Action Co	ommittee											
Full Name (Last, First, Middle Initial) Prasad V Reddy Mailing Address 109 NW 2nd Ave City Visalia FEC ID number of contributing	State Zip Code CA 93291-3672	2	Date of Receipt										
federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date V	250.00	_										
Full Name (Last, First, Middle Initial) B. Alan David Schmetzer Mailing Address 4170 Central Ave	David Schmetzer												
City Indianapolis FEC ID number of contributing federal political committee.	State Zip Code IN 46205-2605	5	Transaction ID : C2805088 Amount of Each Receipt this Period 83.34										
Name of Employer Self Employed Receipt For: Primary General Other (specify) v	Occupation Physician Aggregate Year-to-Date ▼	416.70											
Full Name (Last, First, Middle Initial) C. Michael Alan Silver Mailing Address 492 Wayland Ave City Providence FEC ID number of contributing federal political committee.	State Zip Code RI 02906-4652	1	Date of Receipt										
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼	250.00											
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			583.34										

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTO

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 10 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	d Statements may not be sold or used by any the name and address of any political committee	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Psychiatric Associa	ation Political Action Committee	
A. Full Name (Last, First, Middle Initial) Sanford P Solomon Mailing Address 1 Barstow Rd		Date of Receipt
City	State Zip Code	07 02 2014
City Great Neck	State Zip Code NY 11021-3540	Transaction ID : C2805021 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) B. Janet Melinda Spraggins		Date of Receipt
Mailing Address 780 Welch Rd Ste 207		07 14 2014
City Palo Alto	State Zip Code CA 94304-1518	Transaction ID : C2805051
FEC ID number of contributing federal political committee.	CA 94304-1518	Amount of Each Receipt this Period
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. Chandra Sheila Unni		Date of Receipt
Mailing Address 825 N Prospect Ave		07 14 Y Y Y Y
City Milwaukee	StateZip CodeWI53202-3979	Transaction ID : C2805060 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	350.00	
SUBTOTAL of Receipts This Page (optional)	-	1500.00
TOTAL This Period (last page this line numb	per only)	·

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE 11 OF

		Use separate schedule(s)		(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12	47	
Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma e name and a	Ay not be sold or used by any p ddress of any political committee	erson f e to so	13 for the licit co	pur ntrib	14 pose of outions	15 f soliciting from sucl	d contribut h commit	Itions tee.	
NAME OF COMMITTEE (In Full)										
American Psychiatric Associati	on Politica	al Action Committee								
Full Name (Last, First, Middle Initial) A. Jason Young				Date o	f Re	eceipt				
Mailing Address 6304 16th Street NW				м м 07	/	21		2014	Y	
City Washington	State DC	Zip Code 20011		Trans		ion ID :	C278918 Receipt th	37		
FEC ID number of contributing federal political committee.	C					7			0.00	
Name of Employer American Psychiatric Association	Occupation Physician									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]							
Full Name (Last, First, Middle Initial)				Data a	f Da	agint				
B Mailing Address				Date o			D / Y	YYY	Y	
City	State	Zip Code		Amoun	t of	Each F	Receipt th	nis Period		
FEC ID number of contributing federal political committee.	C					7	7			
Name of Employer	Occupation									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼]							
Full Name (Last, First, Middle Initial)				Date o	f Re	eceipt				
Mailing Address				M M		D	D / Y	YY	Y	
City	State	Zip Code		Amoun	t of	Each F	Receipt th	nis Period		
FEC ID number of contributing federal political committee.	С					7				
Name of Employer	Occupation									
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼]							
SUBTOTAL of Receipts This Page (optional)						7		500	.00	
TOTAL This Period (last page this line number	r only)					7		5066	.67	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 12 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$									
	Statements may not be sold or used by any per ne name and address of any political committee	rson for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full) American Psychiatric Associati	ion Political Action Committee										
Full Name (Last, First, Middle Initial) A. American Psychiatric Association Mailing Address 1000 Wilson Blvd Ste 1825 City Arlington FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	State Zip Code VA 22209-3924 C Occupation Aggregate Year-to-Date ▼	Date of Receipt									
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Mailing Address	2908.19	Date of Receipt									
City FEC ID number of contributing federal political committee.	State Zip Code	Amount of Each Receipt this Period									
Name of Employer Receipt For: Primary General Other (specify) v	Occupation Aggregate Year-to-Date ▼										
Full Name (Last, First, Middle Initial) C. Mailing Address	1	Date of Receipt									
City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State Zip Code C Occupation Aggregate Year-to-Date ▼	Amount of Each Receipt this Period									
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		227.03									

SCHEDULE B (FEC Form 3X)								NUMBER: PAGE 13 OF 15										
IT	EMIZED DISBURSEMENTS	Use separate sche for each category Detailed Summary	of the	(cl		k only 21b	22 23 24							25	2			
	ny information copied from such Reports and Stat for commercial purposes, other than using the m						n for								tions)b		
	NAME OF COMMITTEE (In Full)	ame and address of ar	ny politica	al con	Irriit	liee lo	SOlic			Jution	S II	om su	ch c	ommu	.ee.			
$\left \right\rangle$	American Psychiatric Association	Political Action	Comn	nitte	е													
Full Name (Last, First, Middle Initial) A. Bank of America N.A.										sburse	əm	ent						
	Mailing Address PO Box 27025									07 15 2014								
	City Richmond				Transaction ID : D160442													
	Purpose of Disbursement Bank Fees	7025	-			Amount of Each Disbursement this Period												
	Candidate Name				Category/ Type									118	3.15			
	Senate President	ement For: Primary Ge Other (specify) ▼	eneral															
В.	State: District: Full Name (Last, First, Middle Initial) Bank of America N.A.						Da	ate c	of Di	sburse	əm	ent						
	Mailing Address PO Box 27025						07 / D D / Y Y Y Y 02 2014					Y						
	City Richmond	State Zip Coo VA 23261-					Transaction ID : D160443											
	Purpose of Disbursement Merchant Fees			—		Amount of Each Disburser							men	t this	Period			
	Candidate Name			Cate Ty	egor /pe	ry/	48.93											
	Senate President	ement For: Primary Ge Other (specify) ▼	eneral															
<u> </u>	Full Name (Last, First, Middle Initial) PayPal, Inc.									sburse	əm	ent						
	Mailing Address 2145 Hamilton Ave						07 07 2014											
	City San Jose	State Zip Coo CA 95125-					Transaction ID : D160444											
	Purpose of Disbursement Credit Card Processing Fees Candidate Name			Cate		Amount of Each Disbursement this Period												
	Office Sought: House Disburs	ement For:			/pe	y,	,, , , , , , , , , , , , , , , , , , ,							59	9.95			
	Senate President		eneral															
	State: District:							_	_		_					-		
s	UBTOTAL of Disbursements This Page (optional)							-	_	3		,	-	227	.03			
т	OTAL This Period (last page this line number on	у)								7		,		227	.03			

S	CHEDULE B (FEC Form 3X)			F	OR	LIN		JMBER:	:			PA	AGE	14	OF 15		
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the				ck c	only or	nly one)									
			Summary Page			2	1b 7	22 28a	×	23 28b	-	24 28c		25 29	26 30b		
	y information copied from such Reports and Stater for commercial purposes, other than using the nan																
\mathbb{N}	NAME OF COMMITTEE (In Full)		_														
	American Psychiatric Association F	Political	Action Com	mitte	e												
Full Name (Last, First, Middle Initial)																	
Α.	Mike Bishop for Congress		Date of	f Dis													
	Mailing Address P.O. Box 1148							07 18 2014									
	City					Transaction ID : D160015											
	Brighton Purpose of Disbursement	MI	48116					mane		01112		2.000					
	Contribution			—			11.	Amount of Each Disbursement this Period									
	Candidate Name			Cate	eao	orv/	11				-						
	Michael D Bishop				ype			1000.00									
	° ∧	nent For:															
	Senate X	Primary Other (spe	General														
	State: MI District: 08		cony) 🔻														
_	Full Name (Last, First, Middle Initial)																
В.	SCHNEIDER FOR CONGRESS							Date of Disbursement									
													Y				
	Mailing Address PO BOX 1318							07 18 2014									
	City :	Zip Code					Transaction ID : D160016										
	DEERFIELD Purpose of Disbursement	IL	60015				_										
	Contribution							Amount of Each Disbursement this Period									
	Candidate Name			Cate	ego	ory/	11.										
	Rep. Brad Schneider			T	ype)			-	7	-			150	0.00		
	Office Sought: House Disburser	nent For: Primary	2014 X General														
	President	Other (spe															
	State: IL District: 10																
_	Full Name (Last, First, Middle Initial)																
C.	JOE KENNEDY FOR CONGRESS	5						Date o	f Dis	sburse	em	nent					
	Mailing Address PO BOX 590464							м м 07	/	D 1	0 18	. /		014	Y		
	5	State	Zip Code					Trans	sacti	on ID):	D1600	13				
	NEWTON CENTER Purpose of Disbursement	MA	02459				_										
	Contribution			—				Amoun	t of	Each	D)isburse	ement	t this	Period		
	Candidate Name			Cate	eqo	ory/											
	Rep. Joseph P. Kennedy III			ype										500.00			
	Office Sought: House Disburser Senate	nent For:															
	President	Primary Other (spe	ecify)														
	State: MA District: 04	••••••••••••••••••••••••••••••••••••••															
Γ								_	-	-			-	-			
s	UBTOTAL of Disbursements This Page (optional)					🕨		L.		7				5000	0.00		
-	OTAL This David (last page this line number with										1						
11	OTAL This Period (last page this line number only)					🕨	•			7	-	7					

S	CHEDULE B (FEC Form 3X)			F	OR		UMBER	:			PAGE	15 (DF 15				
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the			k only	ily one)										
			Summary Page			21b 27	22 28a	×	23 28b		24 28c	25 29	26 30b				
	y information copied from such Reports and Stater for commercial purposes, other than using the nam																
\square	NAME OF COMMITTEE (In Full)																
	American Psychiatric Association F	Political	Action Com	mitte	e												
Α.	Full Name (Last, First, Middle Initial) LEE TERRY FOR CONGRESS		Date c	of Dis	sburse	ement											
	Mailing Address PO BOX 540098		M M M M / D D / Y Y Y Y Y 07 18 2014														
	City S OMAHA																
	Purpose of Disbursement Contribution					Amount of Each Disbursement this Period											
	Candidate Name Rep. Lee Terry			Cate T	egor ype	ry/						1500	0.00				
	Office Sought: X House Disburser Senate President		, ,				,		,								
	State: NE District: 02 Full Name (Last, First, Middle Initial)																
В.	HOOSIERS FOR ROKITA, INC.						Date of Disbursement										
	Mailing Address 7643 EAST U.S. 36				07 18 2014												
	AVON	State IN	Zip Code 46123				Transaction ID : D160012										
	Purpose of Disbursement Contribution						Amount of Each Disbursement this Period 2500.00										
	Candidate Name Rep. Todd Rokita			Cate		ry/											
		ment For:	2014	1	ype												
	Senate President	Primary Other (spe	X General														
	State: IN District: 04 Full Name (Last, First, Middle Initial)																
C.							Date c	_	sburse			Y Y	V				
	Mailing Address						- W		0								
	City	State	Zip Code														
	Purpose of Disbursement		•		E l.	Dist											
	Candidate Name		Cate	egor ype		Amount of Each Disbursement this Peri											
	Office Sought: House Disburser Senate President State: District:	nent For: Primary Other (spe	General						,		,						
	Biotrot.						_	_	_	_	_		_				
s	UBTOTAL of Disbursements This Page (optional)							_	7		7	4000	.00				
т	OTAL This Period (last page this line number only))							,	_	,	9000	.00				