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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) American Psychiatric Association Political Action Committee 1000 Wilson Blvd. ADDRESS (number and street) **Suite 1825** (Check if address is changed) Arlington 22209 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS dkeen@psych.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 03 2016 C00373696 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. David Keen Type or Print Name of Treasurer David Keen [Electronically Filed] 06 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FFC F	orm 1 (Revised 02/2009)	Page <b>2</b>					
	COMMITTEE	i aye <b>£</b>					
Candidat	e Committee:						
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)						
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
Name of Candidate							
Candidate Party Affilia	tion Office Sought: House Senate President	State					
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name of Candidate							
Party Co		_					
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.					
Political A	Action Committee (PAC):						
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a					
	Corporation Corporation w/o Capital Stock	Labor Organization					
	Membership Organization X Trade Association	Cooperative					
	In addition, this committee is a Lobbyist/Registrant PAC.						
(f)	segregated fund or party						
	In addition, this committee is a Lobbyist/Registrant PAC.						
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
Joint Fun	draising Representative:						
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate						
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political					
Cor	nmittees Participating in Joint Fundraiser						
1.	FEC ID number						
2.	FEC ID number						
3.	FEC ID number						
4.							

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	Type Committee Nam			_	
Am	erican Psyc	hiatric Association	Political Action	on Commit	tee
6. Nam	e of Any Connected	Organization, Affiliated Committee	, Joint Fundraising Repres	sentative, or Leader	ship PAC Sponsor
Ameri	can Psychiatric	Association			
		1000 Wilson Blvd.			
Mailir	ng Address				
		Suite 1825			
		Arlington		VA 22209	
		CITY		STATE	ZIP CODE
Relati	ionship: X Connecte	d Organization Affiliated Commit	ee Joint Fundraising R	Representative Le	eadership PAC Sponsor
	odian of Records: Ide and records.	ntify by name, address (phone num	per optional) and position	n of the person in po	ossession of committee
	David Kee	en			
Full N	Name LILL	,1000 Wilson Blvd.			
Mailin	ng Address				
		Suite 1825			
		Arlington		VA 22209	
Title	or Position	CITY	S	STATE	ZIP CODE
Trea	asurer		Telephone numb	er	907 7305
8. Treas	urer: List the name an esignated agent (e.g.,	d address (phone number optiona assistant treasurer).	al) of the treasurer of the c	committee; and the n	ame and address of
Full N of Tre	lame David Kee	n 			
Mailin	g Address	1000 Wilson Blvd.		<u> </u>	
		Suite 1825			
		Arlington		VA 22209	
Title	or Position	CITY	S	TATE	ZIP CODE
	or Position Isurer		Telephone numbe	er	907 7305

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Full Name of Designated Agent	Designated David Gessner						
Mailing Address	1000 Wilson Blvd						
<u>.</u>	Suite 1825						
	Arlington VA 22209  CITY STATE ZI	P CODE					
Title or Position Assistant Treasu	rer	7 8627					
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.							
	Bank of America						
Mailing Address	730 15th Street, NW						
	Washington DC 122205						
	Washington 22205						
	CITY STATE Z	IP CODE					
Name of Bank, D	Depository, etc.						
Mailing Address							
	CITY STATE Z	IP CODE					