

**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
REPORTNEW
(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 Y

in the
State of

(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 Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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 Scott Barnes

Signature of Treasurer

Scott Barnes

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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 03 / 01 / 2014 To: M M / D D / Y Y Y Y Y 03 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		47565.94
(b) Cash on Hand at Beginning of Reporting Period.....	53163.35	
(c) Total Receipts (from Line 19)	60703.64	83773.67
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	113866.99	131339.61
7. Total Disbursements (from Line 31)	38127.08	55599.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	75739.91	75739.91
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Psychiatric Association Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
03	/	01	/	2014

To:

M M	/	D D	/	Y Y Y Y
03	/	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).....

32794.33

40809.33

(ii) Unitemized

27683.34

42254.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

60477.67

83063.33

(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)

60477.67

83063.33

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).....

225.97

710.34

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))..... ▶

60703.64

83773.67

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

60703.64

83773.67

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	5127.08	5599.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5127.08	5599.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33000.00	50000.00
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	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
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)) ..	38127.08	55599.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38127.08	55599.70

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)	60477.67	83063.33
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	60477.67	83063.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	5127.08	5599.70
37. Offsets to Operating Expenditures (from Line 15, page 3).....	225.97	710.34
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	4901.11	4889.36

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. Jeffrey Akaka

Mailing Address PO Box 11780

City

Honolulu

State

HI

Zip Code

96828-0780

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 / 20 / 2014

Transaction ID : C2716518

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jose A Alonso

Mailing Address 728 Ave Ponce de Leon

City

San Juan

State

PR

Zip Code

00918

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 ▼

480.00

Date of Receipt

03 / 25 / 2014

Transaction ID : C2716584

Amount of Each Receipt this Period

480.00

Full Name (Last, First, Middle Initial)

C. Daniel J Anzia

Mailing Address 7238 Franklin St
Apt G

City

Forest Park

State

IL

Zip Code

60130-1177

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 06 / 2014

Transaction ID : C2716473

Amount of Each Receipt this Period

1000.00

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

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

1730.00

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

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

FOR LINE NUMBER: PAGE 7 OF 42
(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. Dana M Arlien

Mailing Address PO Box 4247

City

State

Zip Code

Incline Village

NV

89450-4247

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Willow Springs Corp.

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
03 / 27 / 2014

Transaction ID : C2718172

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Dana M Arlien

Mailing Address PO Box 4247

City

State

Zip Code

Incline Village

NV

89450-4247

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Willow Springs Corp.

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
03 / 27 / 2014

Transaction ID : C2718208

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Alan Arthur Axelson

Mailing Address 2370 Morrow Rd

City

State

Zip Code

Pittsburgh

PA

15241-3318

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Intercare

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
03 / 25 / 2014

Transaction ID : C2716627

Amount of Each Receipt this Period

250.00

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

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

500.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anthony J Bardinelli

Mailing Address 510 N Broadway

City

White Plains

State

NY

Zip Code

10603-3217

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 / 25 / 2014

Transaction ID : C2716544

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Donald P Barker

Mailing Address 212 Grant Ave

City

Newton Center

State

MA

Zip Code

02459-2077

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 / 25 / 2014

Transaction ID : C2716628

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James Robert Batterson

Mailing Address 2401 Gillham Rd

City

Kansas City

State

MO

Zip Code

64108-4619

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children's Mercy Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 06 / 2014

Transaction ID : C2716469

Amount of Each Receipt this Period

500.00

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

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(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. Jeffrey I Bennett

Mailing Address 700 Williams Blvd

City

Springfield

State

IL

Zip Code

62704-2875

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 ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 07 / 2014

Transaction ID : C2716407

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Robert Scott Benson

Mailing Address 5190 Bayou Blvd
Ste 6

City

Pensacola

State

FL

Zip Code

32503-2162

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2014

Transaction ID : C2718180

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Bruce Black

Mailing Address 105 Pelham Island Rd

City

Sudbury

State

MA

Zip Code

01776-3131

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2014

Transaction ID : C2718169

Amount of Each Receipt this Period

500.00

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

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

3500.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Donald Robert Brada

Mailing Address 5101 Cody Court

City State Zip Code
Lawrence KS 66049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ. of Kansas School of Medicine

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 / 06 / 2014

Transaction ID : C2716477

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James Clayton Brister

Mailing Address 105 Shenandoah Estates Cir

City State Zip Code
Brandon MS 39047-9171

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 / 27 / 2014

Transaction ID : C2718181

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Stephen L Brown

Mailing Address 2417 E 15th St

City State Zip Code
Casper WY 82609-2942

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 / 26 / 2014

Transaction ID : C2718160

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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☒ 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. Louise I Buhrmann

Mailing Address 3960 Lake Mira Drive
Ste 1454

City State Zip Code
Orlando FL 32817-1646

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 27 / 2014

Transaction ID : C2718178

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. 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
03 / 25 / 2014

Transaction ID : C2718091

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Charles Peter Ciolino

Mailing Address 36 Smithfield Ct

City State Zip Code
Basking Ridge NJ 07920-2779

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
03 / 26 / 2014

Transaction ID : C2718150

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 12 OF 42
(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. Yoshie Davison

Mailing Address 1046 Wilson Blvd
Ste 1825

City State Zip Code
Arlington VA 22209-2202

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Psychiatric Association

Occupation

Deputy Director, Leadership & Advocacy

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 / 20 / 2014

Transaction ID : C2716534

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. 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

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2014

Transaction ID : C2716536

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Michael Feinberg

Mailing Address 7105 McCallum St

City State Zip Code
Philadelphia PA 19119-2936

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : C2718048

Amount of Each Receipt this Period

500.00

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

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

1100.00

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kurt Lawrence Fox

Mailing Address PO Box 39

City

Avon

State

MN

Zip Code

56310-0039

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Cloud VA Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 25 / 2014

Transaction ID : C2716587

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. O'Ann Karin Fredstrom

Mailing Address PO Box 15540

City

Jackson

State

WY

Zip Code

83002-5540

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 ▼

365.00

Date of Receipt

03 / 20 / 2014

Transaction ID : C2716517

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Bruce P Friedman

Mailing Address 209 Cooper Ave
Ste 8

City

Montclair

State

NJ

Zip Code

07043-1850

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 ▼

365.00

Date of Receipt

03 / 14 / 2014

Transaction ID : C2716496

Amount of Each Receipt this Period

365.00

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

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

1030.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. William Clark Fuller

Mailing Address 4400 W 69th St
Ste 1500

City State Zip Code
Sioux Falls SD 57108-8171

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2014

Transaction ID : C2716465

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Daniel Gardner

Mailing Address 4550 Kearny Villa Rd
Ste 214

City State Zip Code
San Diego CA 92123-1563

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2014

Transaction ID : C2716461

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Marcia K Goin

Mailing Address 2500 Park Oak Dr

City State Zip Code
Los Angeles CA 90068-2542

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 / 25 / 2014

Transaction ID : C2716542

Amount of Each Receipt this Period

250.00

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

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

675.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Risa Levenson Gold

Mailing Address 117 Main St

City

Cold Spring Harbor

State

NY

Zip Code

11724-1424

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

M M / D D / Y Y Y Y Y Y
03 / 26 / 2014

Transaction ID : C2718128

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Norma Ruth Green

Mailing Address 160 Henry St

City

Brooklyn

State

NY

Zip Code

11201-2503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : C2716590

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Daniel Thomas Hackman

Mailing Address 267 N 15th Ave

City

Beech Grove

State

IN

Zip Code

46107-1119

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 03 / 2014

Transaction ID : C2716435

Amount of Each Receipt this Period

500.00

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

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

1150.00

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

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

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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. Jerry L Halverson

Mailing Address 5710 Pembroke Dr

City
Fitchburg

State
WI

Zip Code
53711-5222

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 / 27 / 2014

Transaction ID : C2718183

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jeffrey W Hermann

Mailing Address 730 Cricket Glen Rd

City

Hummelstown

State

PA

Zip Code

17036-8547

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 / 25 / 2014

Transaction ID : C2716675

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jason William Hunziker

Mailing Address 10313 Ashley Ridge Rd

City

Sandy

State

UT

Zip Code

84092-7271

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 / 20 / 2014

Transaction ID : C2716530

Amount of Each Receipt this Period

250.00

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)
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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven Jewell

Mailing Address 3600 Chapelton Ct

City

Richfield

State

OH

Zip Code

44286-9006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2014

Transaction ID : C2716470

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Steven Jewell

Mailing Address 3600 Chapelton Ct

City

Richfield

State

OH

Zip Code

44286-9006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2014

Transaction ID : C2718204

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert A Johnson

Mailing Address 362 S 3rd Ave

City

Walla Walla

State

WA

Zip Code

99362-3037

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 03 / 2014

Transaction ID : C2716419

Amount of Each Receipt this Period

100.00

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

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

450.00

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. 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 25 / 2014

Transaction ID : C2716585

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael F Koch

Mailing Address 308 Seymour Pl SE

City

Minneapolis

State

MN

Zip Code

55414-3677

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 27 / 2014

Transaction ID : C2718170

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

c. Steve Hyun Koh

Mailing Address 4455 Alabama Street
Apt 5

City

San Diego

State

CA

Zip Code

92116

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
03 / 27 / 2014

Transaction ID : C2718195

Amount of Each Receipt this Period

250.00

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

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

850.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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<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. Kristin Kroeger-Ptakowski

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

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2014

Transaction ID : C2718174

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Chad M Lemaire

Mailing Address 9013 Bayview Cove Dr

City

Houston

State

TX

Zip Code

77054-1034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Legacy Montrose Clinic

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2014

Transaction ID : C2718190

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Charles Alan Lester

Mailing Address PO Box 678

City

Muskogee

State

OK

Zip Code

74402-0678

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2014

Transaction ID : C2716589

Amount of Each Receipt this Period

200.00

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

1200.00

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

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. Saul Marc Levin

Mailing Address 21115 Kansas Ave

City State Zip Code
 Chestertown MD 21620

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
 03 / 27 / 2014

Transaction ID : C2718185

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Benjamin Liptzin

Mailing Address 759 Chestnut St

City State Zip Code
 Springfield MA 01199-1001

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
 03 / 05 / 2014

Transaction ID : C2716396

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Colleen Livingston

Mailing Address 80 E Main St

City State Zip Code
 Canton NY 13617-1450

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

EJ Noble Medical Center

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 25 / 2014

Transaction ID : C2718077

Amount of Each Receipt this Period

200.00

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

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

1700.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Laurence S Lorefice

Mailing Address 39 Ballwood Rd

City

Old Greenwich

State

CT

Zip Code

06870-2332

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

03 / 25 / 2014

Transaction ID : C2716588

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Joshua Michael Lowinsky

Mailing Address 7979 Englewood Rd

City

Indianapolis

State

IN

Zip Code

46240-2727

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 ▼

500.00

Date of Receipt

03 / 27 / 2014

Transaction ID : C2718201

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Philip David Malinas

Mailing Address 3650 Warren Way

City

Reno

State

NV

Zip Code

89509-5240

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 / 20 / 2014

Transaction ID : C2716531

Amount of Each Receipt this Period

250.00

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

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

950.00

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. Eric Robert Marcus

Mailing Address 4 E 89th St

City

New York

State

NY

Zip Code

10128-0636

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

M M / D D / Y Y Y Y Y Y
03 / 26 / 2014

Transaction ID : C2718143

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Rhonda M. Mattox

Mailing Address 14524 Cantrill Rd
Suite 140-205

City

Little Rock

State

AR

Zip Code

72223

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2014

Transaction ID : C2718184

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Keith H McCoy

Mailing Address 5109 Butternut Rd

City

Durham

State

NC

Zip Code

27707-5263

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : C2716641

Amount of Each Receipt this Period

150.00

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

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

850.00

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. Keith H McCoy

Mailing Address 5109 Butternut Rd

City

Durham

State

NC

Zip Code

27707-5263

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 27 / 2014

Transaction ID : C2718182

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Matt McDougall

Mailing Address 2470 W. Renwood

City

Sioux Falls

State

SD

Zip Code

57104

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of South Dakota

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
03 / 27 / 2014

Transaction ID : C2718209

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. John S McIntyre

Mailing Address 205 Grosvenor Road

City

Rochester

State

NY

Zip Code

14610-2551

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 ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 20 / 2014

Transaction ID : C2716535

Amount of Each Receipt this Period

83.33

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

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

833.33

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. Stephen A McLeod-Bryant

Mailing Address 701 Bradburn Drive

City

MT Pleasant

State

SC

Zip Code

29464-5114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical University of South Carolina

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 26 / 2014

Transaction ID : C2718134

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Paul Martin Meyer-Strom

Mailing Address PO Box 91411

City

Portland

State

OR

Zip Code

97291-0008

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 ▼

301.00

Date of Receipt

03 / 08 / 2014

Transaction ID : C2716403

Amount of Each Receipt this Period

301.00

Full Name (Last, First, Middle Initial)

C. Douglas R Morris

Mailing Address 1098 S State Road 25

City

Logansport

State

IN

Zip Code

46947-6723

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 27 / 2014

Transaction ID : C2718210

Amount of Each Receipt this Period

1000.00

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

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

1801.00

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sachin B Nagarkar

Mailing Address 3046 Gaslight Dr

City

State

Zip Code

Bay City

MI

48706-9604

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

03 / 25 / 2014

Transaction ID : C2718074

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James Edward Nininger

Mailing Address 10 E 78th St
Ste 5A

City

State

Zip Code

New York

NY

10075-1734

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

03 / 27 / 2014

Transaction ID : C2718205

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. George F Parker

Mailing Address 640 Morningside Ct

City

State

Zip Code

Zionsville

IN

46077-1901

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 ▼

300.00

Date of Receipt

03 / 25 / 2014

Transaction ID : C2716667

Amount of Each Receipt this Period

300.00

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

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

800.00

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. Barry Bruce Perlman

Mailing Address 515 W End Ave

City

New York

State

NY

Zip Code

10024-4345

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 / 25 / 2014

Transaction ID : C2718094

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. William W Philip

Mailing Address PO Box 770240

City

Steamboat Springs

State

CO

Zip Code

80477-0240

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

03 / 03 / 2014

Transaction ID : C2716422

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Kayla M Pope

Mailing Address 4812 Falstone Ave

City

Chevy Chase

State

MD

Zip Code

20815-5542

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 / 27 / 2014

Transaction ID : C2718198

Amount of Each Receipt this Period

250.00

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

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

800.00

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. Vasilis K Pozios

Mailing Address 29323 Stonecroft St

City

Harrison Township

State

MI

Zip Code

48045-2617

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 27 / 2014

Transaction ID : C2718188

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Richard E Preston

Mailing Address 7004 Jefferson Ave

City

Windsor Heights

State

IA

Zip Code

50324-5854

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
03 / 03 / 2014

Transaction ID : C2716413

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Uyen-Khanh Quang-Dang

Mailing Address 64 Overlook Dr

City

Valhalla

State

NY

Zip Code

10595-2116

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
03 / 27 / 2014

Transaction ID : C2718175

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

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alexandar I. Raev

Mailing Address 22 Bramhall Street

City

Portland

State

ME

Zip Code

04102

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 / 21 / 2014

Transaction ID : C2716411

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Nagavedu D Raghunath

Mailing Address 1324 W St NW

City

Auburn

State

WA

Zip Code

98001-3508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : C2716401

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Nagavedu D Raghunath

Mailing Address 1324 W St NW

City

Auburn

State

WA

Zip Code

98001-3508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2014

Transaction ID : C2718159

Amount of Each Receipt this Period

250.00

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

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

600.00

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. Corvin V Robinson

Mailing Address 10001 Pebble Beach Ter

City

Ijamsville

State

MD

Zip Code

21754-9147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brook Lane Health Services

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 25 / 2014

Transaction ID : C2716644

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jo-Ellyn M 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 ▼

500.00

Date of Receipt

03 / 06 / 2014

Transaction ID : C2716464

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Justin W Schoen

Mailing Address M234 Sugar Bush Ln

City

Marshfield

State

WI

Zip Code

54449-9287

FEC ID number of contributing
federal political committee.

C

Name of Employer

Marshfield Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 06 / 2014

Transaction ID : C2716475

Amount of Each Receipt this Period

500.00

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

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

1250.00

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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

03 / 25 / 2014

Transaction ID : C2718106

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Meriamne B Singer

Mailing Address 300 W 72nd St
Apt 1D

City
New York

State
NY

Zip Code
10023-2661

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 ▼

375.00

Date of Receipt

03 / 26 / 2014

Transaction ID : C2718148

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Dodge Alan Slagle

Mailing Address 1090 Wigwam Pkwy
Ste 100

City
Henderson

State
NV

Zip Code
89074-8182

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 / 20 / 2014

Transaction ID : C2716521

Amount of Each Receipt this Period

250.00

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

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

875.00

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. Joshua Sonkiss

Mailing Address 1544 Glenrose Dr

City

Salt Lake City

State

UT

Zip Code

84104-3237

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 ▼

500.00

Date of Receipt

03 / 20 / 2014

Transaction ID : C2716524

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Shastri Swaminathan

Mailing Address 130 E Oak St
Apt 35A

City

Chicago

State

IL

Zip Code

60611-1505

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 / 06 / 2014

Transaction ID : C2716468

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Sul Ross Olen Thorward

Mailing Address 222 Tongass Dr

City

Sitka

State

AK

Zip Code

99835-9416

FEC ID number of contributing
federal political committee.

C

Name of Employer

SouthEast Alaska Regional Health Conso

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 27 / 2014

Transaction ID : C2718173

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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. Shreekumar S Vinekar

Mailing Address 920 Stanton L Young Blvd
WP3065

City State Zip Code
Oklahoma City OK 73190-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Oklahoma Health Services

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
03 / 27 / 2014

Transaction ID : C2718194

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joyce Vista-Wayne

Mailing Address 312 E Alta Vista Ave

City State Zip Code
Ottumwa IA 52501-1413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ottumwa Regional Medical Center

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 / 27 / 2014

Transaction ID : C2718206

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mark Chris Walker

Mailing Address 418 N Monroe St

City State Zip Code
Hinsdale IL 60521-3151

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : C2718095

Amount of Each Receipt this Period

200.00

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

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

950.00

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. Steven Jay Wein

Mailing Address 10 W 86th St
#1B

City State Zip Code
New York NY 10024-3606

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2014

Transaction ID : C2718112

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Roger M Wu

Mailing Address 3801 3rd St
Ste 400

City State Zip Code
San Francisco CA 94124-1409

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of California-Davis Medical

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
03 / 25 / 2014

Transaction ID : C2718081

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Melinda Louise Young

Mailing Address 3527 Mt Diablo Blvd
337

City State Zip Code
Lafayette CA 94549-3815

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2014

Transaction ID : C2718199

Amount of Each Receipt this Period

500.00

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

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

1200.00

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. Craig Frederic Zaring

Mailing Address 2386 NW Hoyt St

City

Portland

State

OR

Zip Code

97210-3219

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 / 27 / 2014

Transaction ID : C2718179

Amount of Each Receipt this Period

250.00

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)..... ►

250.00

32794.33

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
☐ 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 ▼

710.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : C2718216

Amount of Each Receipt this Period

225.97

Refund of Bank Fees

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)..... ►

225.97

225.97

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

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☒ 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
03 / 17 / 2014
Transaction ID : D157593

Amount of Each Disbursement this Period

118.01

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 / 03 / 2014
Transaction ID : D157594

Amount of Each Disbursement this Period

48.01

Full Name (Last, First, Middle Initial)

C. Membership Marketing Services, Inc.

Mailing Address 1280 Perimeter Pkw

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement
Federal PAC Fundraising Services

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 / 06 / 2014
Transaction ID : D157588

Amount of Each Disbursement this Period

667.98

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

834.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input 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

American Psychiatric Association Political Action Committee



4233.13

Category/
TypeCategory/
Type

Amount of money deposited into the account

Category/
Type

4233.13

5067.13



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)

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☐ 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. Bill Cassidy for US Senate

Mailing Address P.O. Box 80505

City State Zip Code
 Baton Rouge LA 70898

Purpose of Disbursement
 Contribution

Candidate Name

William Cassidy

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District:

Date of Disbursement

M M / D D / Y Y Y Y Y
 03 / 28 / 2014

Transaction ID : D155870

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Bill Cassidy for US Senate

Mailing Address P.O. Box 80505

City State Zip Code
 Baton Rouge LA 70898

Purpose of Disbursement
 Contribution

Candidate Name

William Cassidy

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District:

Date of Disbursement

M M / D D / Y Y Y Y Y
 03 / 28 / 2014

Transaction ID : D155871

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Hoyer's Majority Fund

Mailing Address 700 13th Street NW
 Suite 600

City State Zip Code
 Washington DC 20005

Purpose of Disbursement
 Contribution

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
 03 / 13 / 2014

Transaction ID : D155506

Amount of Each Disbursement this Period

5000.00

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

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

7000.00

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

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<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. National Republican Congressional Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2014

Mailing Address 320 1st St SE

City	State	Zip Code
Washington	DC	20003-1838

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type**Transaction ID : D155505**

Amount of Each Disbursement this Period

5000.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial)

B. PASCRELL FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	28	/	2014

Mailing Address P.O. Box 640

City	State	Zip Code
Totowa	NJ	07511

Purpose of Disbursement
Contribution

Candidate Name

Mr. William J. Pascrell Jr.Category/
Type**Transaction ID : D155869**

Amount of Each Disbursement this Period

1500.00

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NJ	District: 09	

Full Name (Last, First, Middle Initial)

C. PALLONE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2014

Mailing Address PO Box 3176

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement
Contribution

Candidate Name

Rep. Frank Pallone Jr.Category/
Type**Transaction ID : D155504**

Amount of Each Disbursement this Period

2500.00

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NJ	District: 06	

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

9000.00

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

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<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. PAUL TONKO FOR CONGRESS

Mailing Address 911 Central Avenue

City	State	Zip Code
Albany	NY	12206

Purpose of Disbursement
Contribution

Candidate Name

Rep. Paul Tonko

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NY District: 20

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2014

Transaction ID : D155503

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. GINGREY FOR SENATE INC.

Mailing Address PO Box U

City	State	Zip Code
Marietta	GA	30060

Purpose of Disbursement
Contribution

Candidate Name

Rep. Phil Gingrey

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: GA District:

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	28	/	2014

Transaction ID : D155868

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. RENEE ELLMERS FOR CONGRESS COMMITTEE

Mailing Address PO BOX 99567

City	State	Zip Code
RALEIGH	NC	27624

Purpose of Disbursement
Contribution

Candidate Name

Rep. Renee Ellmers

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC District: 02

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	28	/	2014

Transaction ID : D155873

Amount of Each Disbursement this Period

1000.00

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

5000.00

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

American Psychiatric Association Political Action Committee

A. TIM MURPHY FOR CONGRESS

Date of Disbursement



Transaction ID : D155867

Amount of Each Disbursement this Period

Category/
Type

Rep. Tim Murphy

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

State: PA District: 18

Full Name (Last, First, Middle Initial)

B. COLLINS FOR SENATOR

Date of Disbursement

MM / DD / YYYY

Mailing Address PO BOX 1096

City	State	Zip Code
BANGOR	ME	04402

Transaction ID : D155500

Purpose of Disbursement	Contribution
1. To provide for the maintenance and repair of the building	10%
2. To provide for the maintenance and repair of the furniture and fixtures	10%
3. To provide for the maintenance and repair of the equipment	10%
4. To provide for the maintenance and repair of the vehicles	10%
5. To provide for the maintenance and repair of the other assets	10%
6. To provide for the maintenance and repair of the land	10%
7. To provide for the maintenance and repair of the other assets	10%
8. To provide for the maintenance and repair of the other assets	10%
9. To provide for the maintenance and repair of the other assets	10%
10. To provide for the maintenance and repair of the other assets	10%

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Sen. Susan Collins

Office Sought:	<input type="checkbox"/>	House
	<input checked="" type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

State: ME District:

Full Name (Last, First, Middle)
C. SHORE PAC

Date of Disbursement

Mailing Address PO Box 3157

City	State	Zip Code
Long Branch	NJ	07740-3157

Transaction ID : D155502

Purpose of Disbursement	Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

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

6500.00

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

33000.00