

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Psychiatric Association Political Action Committee

ADDRESS (number and street) 1000 Wilson Boulevard
Suite 1825
 Check if different than previously reported. (ACC)
Arlington VA 22209

2. **FEC IDENTIFICATION NUMBER** C00373696
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly 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 (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2008 through 01 31 2008

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 Mr. Nicholas Meyers

Signature of Treasurer Electronically Filed by Mr. Nicholas Meyers Date 02 19 2008

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
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		48470.06
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	48470.06									
(c) Total Receipts (from Line 19)	20855.00	20855.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	69325.06	69325.06								
7. Total Disbursements (from Line 31)	57587.02	57587.02								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11738.04	11738.04								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
American Psychiatric Association Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	4215.00	4215.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	16640.00	16640.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	20855.00	20855.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	20855.00	20855.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
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 Transfer (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))	20855.00	20855.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	20855.00	20855.00

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) Shared 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.....	32587.02	32587.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	32587.02	32587.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25000.00	25000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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) Shared 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))..	57587.02	57587.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	57587.02	57587.02

DETAILED SUMMARY PAGE
of Disbursements

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)	20855.00	20855.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20855.00	20855.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	32587.02	32587.02
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	32587.02	32587.02

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

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

FOR LINE NUMBER: PAGE 6 / 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Lizbet Boroughs

Mailing Address 1000 Wilson Blvd
Ste 1825

City Arlington State VA Zip Code 22209-3924

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

Name of Employer APA Occupation Deputy Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 07 / 2008
Transaction ID: 802f9ce7fe9fdb3ab3
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Mary Helen Davis

Mailing Address 105 Lyndon Lane Suite 106

City Louisville State KY Zip Code 40222-5550

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 01 / 17 / 2008
Transaction ID: abb02ea7fa4cdb4fa5d
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
John L. Dupre

Mailing Address 192 Grand View Avenue

City San Francisco State CA Zip Code 94114-2732

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 01 / 26 / 2008
Transaction ID: 02c532914f07fee9181
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 14
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<p>A. Full Name (Last, First, Middle Initial) William M. Greenberg</p> <p>Mailing Address 233 Mulberry Road</p> <p>City State Zip Code Ramsey NJ 07446-1159</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Nathan Kline Institute Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 01 / 26 / 2008</p> <p>Transaction ID: ec9d6715df30b56102f</p> <p>Amount of Each Receipt this Period 500.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Frederic L. Henderson</p> <p>Mailing Address 3500 N Causeway Boulevard Suite 14</p> <p>City State Zip Code Metairie LA 70002-3548</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 01 / 11 / 2008</p> <p>Transaction ID: 7d822a73453614a3ca4</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Larry Lawrence</p> <p>Mailing Address 1760 Mulberry Ave</p> <p>City State Zip Code Upland CA 91784-1844</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 01 / 17 / 2008</p> <p>Transaction ID: 8442fc4517ee4a9916c</p> <p>Amount of Each Receipt this Period 300.00</p>
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SUBTOTAL of Receipts This Page (optional)	1050.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 14
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mark A. Lawrence

Mailing Address 8612 Tebbs Lane

City State Zip Code
Mc Lean VA 22102-1212

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
MM / DD / YYYY
01 / 29 / 2008

Transaction ID: 8699f14a1cdb4862ee6

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Judith A. Marcus

Mailing Address 34 Elm Street

City State Zip Code
Great Neck NY 11021-1941

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
MM / DD / YYYY
01 / 18 / 2008

Transaction ID: a6b6a18a877417a45c2

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Daniel T. Matthews

Mailing Address 12710 Research Boulevard Suite 320
Neurobehavioral Systems

City State Zip Code
Austin TX 78759-4382

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

Name of Employer Neurobehavioral Systems Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2008

Transaction ID: e1593041bbdbbd64a50

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 14
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Brian C. Parsells

Mailing Address 211 Southeast County Road Y

City Warrensburg State MO Zip Code 64093-8319

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 01 / 29 / 2008
Transaction ID: d0d63ac822bd0cfaf9c
Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Gerald P. Perman

Mailing Address 2424 Pennsylvania Avenue Northwest

City Washington State DC Zip Code 20037-1793

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 07 / 2008
Transaction ID: f0d1ff902d7734968a5
Amount of Each Receipt this Period 300.00

C.

Full Name (Last, First, Middle Initial)
Michael A. Silver

Mailing Address 492 Wayland Avenue

City Providence State RI Zip Code 02906-4654

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 01 / 25 / 2008
Transaction ID: 440424b5017e579b81f
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional)	915.00
TOTAL This Period (last page this line number only)	4215.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 14

<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

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) National Capital Teleserv <hr/> Mailing Address 300 Fifth Street, NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Non-Candidate Support Tele-Fund Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V17572-0060846209526 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 8
	Amount of Each Disbursement this Period 20676.34 <hr/> Category/ Type 001
B. Full Name (Last, First, Middle Initial) National Capital Teleserv <hr/> Mailing Address 300 Fifth Street, NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Non-Candidate Support Tele-Fund Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V47737-7864343523979 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 11910.68 <hr/> Category/ Type 001

SUBTOTAL of Disbursements This Page (optional) ▶

32587.02

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

32587.02

**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)

PAGE 11 / 14

<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

A.	Full Name (Last, First, Middle Initial) Blue Dog Political Action Committee	Transaction ID: 79177-3258478045463 Date of Disbursement
	Mailing Address 6849 Old Dominion Drive Suite 222	<input type="text" value="01"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City McLean State VA Zip Code 22101	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name	<input type="text" value="5000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	Transaction ID: 47737-2312585711479 Date of Disbursement
	Mailing Address 120 Maryland Avenue NE	<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name	<input type="text" value="2500.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Donna Christensen Campaign	Transaction ID: 47737-6283990740776 Date of Disbursement
	Mailing Address PO Box 5197	<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City St. Croix State VI Zip Code 00823	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name Donna Christian-Christensen	<input type="text" value="500.00"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VI District: 01	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

<input 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

<p>A. Full Name (Last, First, Middle Initial) Matheson for Congress</p> <p>Mailing Address PO Box 521048 Suite A</p> <p>City Salt Lake City State UT Zip Code 84152</p> <p>Purpose of Disbursement Contribution <input type="text" value="011"/> Category/ Type</p> <p>Candidate Name Jim Matheson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: UT District: 02</p>	<p>Transaction ID: 47737-1214258074760</p> <p>Date of Disbursement <input type="text" value="01"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="5000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) New Democrat Coalition Political Action Committee Aka Ndc Pac</p> <p>Mailing Address 607 14th Street NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Contribution <input type="text" value="011"/> Category/ Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>State: District: Contribution</p>	<p>Transaction ID: 47737-0107995867729</p> <p>Date of Disbursement <input type="text" value="01"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="5000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Tim Murphy for Congress</p> <p>Mailing Address PO Box 24551</p> <p>City Pttsburgh State PA Zip Code 15234</p> <p>Purpose of Disbursement Contribution <input type="text" value="011"/> Category/ Type</p> <p>Candidate Name Timothy Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: PA District: 18</p>	<p>Transaction ID: 47737-3969842791557</p> <p>Date of Disbursement <input type="text" value="01"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="11000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

PAGE 13 / 14

<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

A. Full Name (Last, First, Middle Initial)
Tuesday Group Political Action Committee

Mailing Address PO Box 40385

City Washington State DC Zip Code 20016

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Contribution

Transaction ID: 79177-6203424334526
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Volunteers for Shimkus

Mailing Address PO Box 5458
PO Box 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement
Contribution

Candidate Name
John Shimkus

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IL District: 19

Transaction ID: 47737-0447961688041
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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

Image# 28990471698

Form/Schedule: **F3X**

Transaction ID:
