

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Psychiatric Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="47594.54"/>	<input type="text" value="47594.54"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="68010.54"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="18244.32"/>	<input type="text" value="75492.63"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="86254.86"/>	<input type="text" value="123087.17"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13579.45"/>	<input type="text" value="50411.76"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="72675.41"/>	<input type="text" value="72675.41"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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)

Write or Type Committee Name

American Psychiatric Association Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5045.00	36980.00
(ii) Unitemized	12635.00	37266.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	17680.00	74246.00
(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)	17680.00	74246.00
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).....	564.32	1246.63
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))..... ▶	18244.32	75492.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	18244.32	75492.63

DETAILED SUMMARY PAGE
of Disbursements

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	694.45	1376.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	694.45	1376.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	48000.00
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	885.00	1035.00
(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)).....	885.00	1035.00
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)) ..	13579.45	50411.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13579.45	50411.76

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)	17680.00	74246.00
34. Total Contribution Refunds (from Line 28(d))	885.00	1035.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16795.00	73211.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	694.45	1376.76
37. Offsets to Operating Expenditures (from Line 15, page 3).....	564.32	1246.63
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	130.13	130.13

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Kurt Lawrence Fox
Full Name (Last, First, Middle Initial)
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 ▼ **365.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2012

Transaction ID : C1663888

Amount of Each Receipt this Period

365.00

B. John W Garland
Full Name (Last, First, Middle Initial)
Mailing Address 1700 Blue Ridge Dr NE

City Gainesville	State GA	Zip Code 30501-1208
---------------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2012

Transaction ID : C1651878

Amount of Each Receipt this Period

250.00

C. Daniel Thomas Hackman
Full Name (Last, First, Middle Initial)
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 ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	04	/	2012

Transaction ID : C1627236

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶	865.00
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 OF 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Judith F Kashtan

Mailing Address 825 Nicollet Mall

City State Zip Code
 Minneapolis MN 55402-2508

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 ▼
 370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2012
Transaction ID : C1663887

Amount of Each Receipt this Period
 365.00

Full Name (Last, First, Middle Initial)
B. Laurie Ann Kenfield

Mailing Address 281 Gatesby Rd

City State Zip Code
 Riverside IL 60546-1613

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 ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2012
Transaction ID : C1643115

Amount of Each Receipt this Period
 100.00

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 ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2012
Transaction ID : C1627232

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **715.00**

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 OF 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Craig Maumus

Mailing Address 425 Arlington Dr

City State Zip Code
 Metairie LA 70001-5513

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 M / D D D / Y Y Y Y Y Y
 04 / 17 / 2012

Transaction ID : C1663885

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Jane Mehta

Mailing Address 842 Sanderling Dr

City State Zip Code
 Indialantic FL 32903-4760

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 M / D D D / Y Y Y Y Y Y
 04 / 04 / 2012

Transaction ID : C1627233

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Douglas R Morris

Mailing Address 1098 S State Road 25

City State Zip Code
 Logansport IN 46947-6723

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 M / D D D / Y Y Y Y Y Y
 04 / 02 / 2012

Transaction ID : C1626572

Amount of Each Receipt this Period
 500.00

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 9 OF 16
(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. Timothy John Robertson
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Grey Friar Ln
 City Eau Claire State WI Zip Code 54701-7183
 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 M / D D D / Y Y Y Y Y Y
 04 / 02 / 2012
Transaction ID : C1626562
 Amount of Each Receipt this Period
 250.00

B. Michelle Robinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 8912 Volunteer Ln
 City Sacramento State CA Zip Code 95826-3221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Psychiatrist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2012
Transaction ID : C1663889
 Amount of Each Receipt this Period
 500.00

C. Francis M Sanchez
 Full Name (Last, First, Middle Initial)
 Mailing Address 5586 Fairway Dr
 City Burlington State IA Zip Code 52601-8670
 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 M / D D D / Y Y Y Y Y Y
 04 / 22 / 2012
Transaction ID : C1663863
 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 11 OF 16
(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. Herman Andre Tolbert
 Full Name (Last, First, Middle Initial)
 Mailing Address 8231 Windsong Ct
 City Columbus State OH Zip Code 43235-1491
 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
 04 / 02 / 2012
Transaction ID : C1626931
 Amount of Each Receipt this Period
250.00

B. Albert Vogel
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1747
 City Crested Butte State CO Zip Code 81224-1747
 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
 M M / D D / Y Y Y Y Y Y
 04 / 10 / 2012
Transaction ID : C1663886
 Amount of Each Receipt this Period
365.00

C.
 Full Name (Last, First, Middle Initial)
 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).....▶	615.00
TOTAL This Period (last page this line number only).....▶	5045.00

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

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

FOR LINE NUMBER: PAGE 12 OF 16
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
American Psychiatric Association

Mailing Address 1000 Wilson Blvd
Ste 1825

City Arlington State VA Zip Code 22209-3924

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1196.63

Date of Receipt
MM / DD / YYYY
04 / 13 / 2012

Transaction ID : C1663895

Amount of Each Receipt this Period
564.32

Refund of Credit Card Processing Fees

B. Full Name (Last, First, Middle Initial)

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
MM / DD / YYYY

Amount of Each Receipt this Period

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

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
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	564.32
TOTAL This Period (last page this line number only).....▶	564.32

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. 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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2012

Transaction ID : D127307

Amount of Each Disbursement this Period

504.37

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
Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 16 / 2012

Transaction ID : D128765

Amount of Each Disbursement this Period

130.13

Full Name (Last, First, Middle Initial)

C. PayPal, Inc.

Mailing Address 2145 Hamilton Ave

City San Jose State CA Zip Code 95125-5905

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 11 / 2012

Transaction ID : D128757

Amount of Each Disbursement this Period

59.95

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

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

694.45

694.45

**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

Full Name (Last, First, Middle Initial)

A. Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		06		2012

Mailing Address PO BOX 70980

Transaction ID : D128180

City Washington State DC Zip Code 20024

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement Contribution

--

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. CITIZENS FOR ALTMIRE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		20		2012

Mailing Address P.O. Box 1776

Transaction ID : D128179

City Freedom State PA Zip Code 15042

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement Contribution

--

Candidate Name

Category/Type

Rep. Jason Altmire

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: PA District: 04

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOE PITTS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		20		2012

Mailing Address PO BOX 775

Transaction ID : D128178

City Unionville State PA Zip Code 19375

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement Contribution

--

Candidate Name

Category/Type

Rep. Joe Pitts

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: PA District: 16

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

6000.00

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

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**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

Full Name (Last, First, Middle Initial)

A. BUCSHON FOR CONGRESS

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement Contribution

Candidate Name

Rep. Larry Bucshon

Office Sought: House Senate President
State: IN District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 06 / 2012

Transaction ID : D128183

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. RYAN FOR CONGRESS

Mailing Address P. O. Box 1919

City Janesville State WI Zip Code 53547

Purpose of Disbursement Contribution

Candidate Name

Rep. Paul D. Ryan

Office Sought: House Senate President
State: WI District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 06 / 2012

Transaction ID : D128182

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Searchlight Leadership Fund

Mailing Address 607 14th Street, N.W.
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 06 / 2012

Transaction ID : D128181

Amount of Each Disbursement this Period

2500.00

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

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

6000.00

12000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" 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. Judith F Kashtan

Mailing Address 825 Nicollet Mall

City Minneapolis State MN Zip Code 55402-2508

Purpose of Disbursement
Refund of 4/17/12 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2012

Transaction ID : D128761

Amount of Each Disbursement this Period

365.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

365.00

365.00
