

**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**

CITY

STATE

ZIP CODE

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

2006

through

03

31

2006

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

Vivian Pender

Signature of Treasurer

Electronically Filed by Vivian Pender

Date

04

10

2006

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							
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FEC FORM 3X
(Rev. 02/2003)

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
0	1	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		28702.92
(b) Cash on Hand at Beginning of Reporting Period	28702.92	
(c) Total Receipts (from Line 19)	63300.00	63300.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	92002.92	92002.92
7. Total Disbursements (from Line 31)	80292.37	80292.37
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11710.55	11710.55
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. 02/2003)

Page 3

Write or Type Committee Name

American Psychiatric Association Political Action Committee

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 0 6

To:

M M
0 3D D
3 1Y Y Y Y
2 0 0 6

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	35125.00	35125.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	28175.00	28175.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	63300.00	63300.00
(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) ➡	63300.00	63300.00
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))	63300.00	63300.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	63300.00	63300.00

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)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	19905.11	19905.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	19905.11	19905.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	59992.26	59992.26
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	395.00	395.00
(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))	395.00	395.00
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))..	80292.37	80292.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	80292.37	80292.37

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)	63300.00	63300.00
34. Total Contribution Refunds (from Line 28(d))	395.00	395.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	62905.00	62905.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	19905.11	19905.11
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	19905.11	19905.11

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

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

FOR LINE NUMBER: PAGE 6 / 45

(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. Andrew Angelino

Mailing Address 230 Lower Magothy Beach Road

City State Zip Code
 Severna Park MD 21146-2122

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
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 86316-24702090024948

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Daniel Anzia

Mailing Address 100 Forest Place # 37

City State Zip Code
 Oak Park IL 60301-1145

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

M M / D D / Y Y Y Y
 0 3 / 0 6 / 2 0 0 6

Transaction ID: 66637-62263125181198

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. James Batterson

Mailing Address 2401 Gillham Road

City State Zip Code
 Kansas City MO 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 6 / 2 0 0 6

Transaction ID: 66637-86837404966355

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 45

(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) Gale Beardsley Mailing Address 600 Kapiolani Boulevard Suite 402 City Honolulu State HI Zip Code 96813-5141 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 9 / 2 0 0 6 Transaction ID: 86327-41335695981979 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Robert Benson Mailing Address 5190 Bayou Boulevard City Pensacola State FL Zip Code 32503-2194 FEC ID number of contributing federal political committee. C Name of Employer Creekside Psychiatric Center Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 9 / 2 0 0 6 Transaction ID: 86316-49898928403854 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Michael Blumenfield Mailing Address 16 Donellan Road City Scarsdale State NY Zip Code 10583-2008 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 3 / 2 0 0 6 Transaction ID: 88949-68563479185105 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 45

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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

A. Full Name (Last, First, Middle Initial) Francis Board Mailing Address 818 18th Street Northwest Suite 75 City Washington State DC Zip Code 20006-3513 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 6 / 2 0 0 6 Transaction ID: 66637-03669375181198 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Lizbet Boroughs Mailing Address 1000 Wilson blvd #1825 City Arlington State VA Zip Code 22209-3924 FEC ID number of contributing federal political committee. C Name of Employer APA Occupation Lobbyist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 3 / 2 0 0 6 Transaction ID: 30524-57369631528854 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Carolyn Brada Mailing Address 52 Mission Road City Wichita State KS Zip Code 67207-1036 FEC ID number of contributing federal political committee. C Name of Employer self-employed Occupation spouse Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 6 / 2 0 0 6 Transaction ID: 66637-07848757505416 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)
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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

A. Full Name (Last, First, Middle Initial) Donald Brada Mailing Address 1010 N Kansas Street City State Zip Code Wichita KS 67214-3124 FEC ID number of contributing federal political committee. C Name of Employer Occupation KUSM Physician Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6 Transaction ID: 66637-52172487974167 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Ronald Burd Mailing Address 1702 University Dr. S City State Zip Code Fargo ND 58103-4940 FEC ID number of contributing federal political committee. C Name of Employer Occupation Merit Care South University Physician Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6 Transaction ID: 66637-43986147642136 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) William Callahan Mailing Address 120 Vantis Suite 540 City State Zip Code Aliso Viejo CA 92656-2688 FEC ID number of contributing federal political committee. C Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6 Transaction ID: 49619-23165529966354 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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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

A. Full Name (Last, First, Middle Initial) Gene Cassel		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6	
Mailing Address 1000 Wilson Boulevard Suite 1825		Transaction ID: 24606-37792605161667	
City Arlington	State VA	Zip Code 22209-3901	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer APA	Occupation Staff		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Clarence Chou		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6	
Mailing Address 10028 N Miller Drive # 2W		Transaction ID: 66646-04171389341354	
City Mequon	State WI	Zip Code 53092-6186	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
C. Full Name (Last, First, Middle Initial) Ronald Costell		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6	
Mailing Address 3235 Klinge Road Northwest		Transaction ID: 88949-14374941587448	
City Washington	State DC	Zip Code 20008-3404	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 45

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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

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

Deborah Cross

Mailing Address 1211 166th St

City State Zip Code
 Whitestone NY 11357-2821

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 86327-71546572446823

Amount of Each Receipt this Period

250.00

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

Judith Crossett

Mailing Address 200 Hawkins Drive

City State Zip Code
 Iowa City IA 52242-1009

FEC ID number of contributing federal political committee.

C

Name of Employer
Univ of Iowa Hosp & ClinicOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 86327-67933291196823

Amount of Each Receipt this Period

500.00

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

Mary Davis

Mailing Address 371 Ox Creek Road

City State Zip Code
 Weaverville NC 28787-9765

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 3 / 2 0 0 6

Transaction ID: 88949-67509096860886

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

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

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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. Jonathan Dunn

Mailing Address 2500 Metrohealth Drive

City State Zip Code
 Cleveland OH 44109-1900

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
 0 3 / 0 6 / 2 0 0 6

Transaction ID: 66646-14042299985885

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Monika Eisenbud

Mailing Address 1336 Summit Road

City State Zip Code
 Berkeley CA 94708-2139

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
 0 2 / 1 3 / 2 0 0 6

Transaction ID: 42033-00191897153854

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Scott Fleischer

Mailing Address 275 Commerce Drive Suite 323

City State Zip Code
 Fort Washington PA 19034-2415

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
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 86316-47947329282761

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Karen Gennaro Mailing Address 5 Westerleigh Court City State Zip Code Purchase NY 10577-2520 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 9 / 2 0 0 6 Transaction ID: 86327-64480227231980 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Marcia Goin Mailing Address 2500 Park Oak Drive City State Zip Code Los Angeles CA 90068-2542 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 3 / 2 0 0 6 Transaction ID: 88949-94875735044480 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Marc Graff Mailing Address 18040 Sherman Way City State Zip Code Reseda CA 91335-4631 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 9 / 2 0 0 6 Transaction ID: 86327-59701174497604 Amount of Each Receipt this Period 250.00

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)
or each category of the
Detailed Summary Page

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☐ 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)
William Greenberg
Mailing Address 233 Mulberry Road

City State Zip Code
Ramsey NJ 07446-1159

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nathan Kline Institute

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
0 3 / 2 9 / 2 0 0 6

Transaction ID: 86327-89321535825730

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Joseph Haas
Mailing Address 2294 Lagoon Drive

City State Zip Code
Dunedin FL 34698-2530

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
0 2 / 1 3 / 2 0 0 6

Transaction ID: 42033-57256716489792

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Houshang Hamadani
Mailing Address 2895 Hamilton Boulevard Suite 103

City State Zip Code
Allentown PA 18104-6172

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
0 3 / 2 9 / 2 0 0 6

Transaction ID: 86316-17100161314010

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

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(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) Kamlyn Haynes Mailing Address 390 Main Street Suite 1039 City Worcester State MA Zip Code 01608-2505 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 0 6 Transaction ID: 39536-58810061216354 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Stacey Herbster Mailing Address 1001 E 21st Street Suite 200 University Psychiatry Associates City Sioux Falls State SD Zip Code 57105-1017 FEC ID number of contributing federal political committee. C Name of Employer University Psychiatry Associates Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 7 / 2 0 0 6 Transaction ID: 39536-81869143247605 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Sheila Judge Mailing Address PO Box 37 City Gwynedd State PA Zip Code 19436-0037 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 6 / 2 0 0 6 Transaction ID: 66646-54055422544479 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)
or 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. Judith Kashtan

Mailing Address 1246 Medical Arts Building

City State Zip Code
 Minneapolis MN 55402

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 6 / 2 0 0 6

Transaction ID: 66637-73623293638230

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Michael Koch

Mailing Address 308 Seymour Place Southeast

City State Zip Code
 Minneapolis MN 55414-3677

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 6 / 2 0 0 6

Transaction ID: 66646-53640383481979

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Michael Koch

Mailing Address 308 Seymour Place Southeast

City State Zip Code
 Minneapolis MN 55414-3677

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 6 / 2 0 0 6

Transaction ID: 66637-11050051450729

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ▶

615.00

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

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

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

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(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. Jerry Lewis

Mailing Address 200 Hawkins Drive # 2880

City State Zip Code
 Iowa City IA 52242-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer
UIHC Dept of Psychiatry

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
 0 3 / 0 6 / 2 0 0 6

Transaction ID: 66637-71607607603073

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Paul Markovitz

Mailing Address 7409 N Cedar Ave Ste 101

City State Zip Code
 Fresno CA 93720-3836

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
 0 2 / 0 7 / 2 0 0 6

Transaction ID: 06026-40816897153854

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Glenn Martin

Mailing Address 1 Ascan Avenue Apt. 24

City State Zip Code
 Forest Hills NY 11375-6084

FEC ID number of contributing
federal political committee.

C

Name of Employer
Queens Hospital 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
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 86316-33906191587448

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**

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or each category of the
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. Aimee Mayeda

Mailing Address 1481 W 10th Street

City State Zip Code
 Indianapolis IN 46202-2803

FEC ID number of contributing federal political committee.

C

Name of Employer
VAMC 116AOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 1 / 2 0 0 6

Transaction ID: 49619-01337832212448

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John McIntyre

Mailing Address 81 Lake Ave Fl 3

City State Zip Code
 Rochester NY 14608-1410

FEC ID number of contributing federal political committee.

C

Name of Employer
Unity Health SystemsOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 1 / 2 0 0 6

Transaction ID: 76501-11500185728073

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Susan McNamara

Mailing Address 545 Main Street

City State Zip Code
 Middlefield CT 06455-1293

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 1 / 2 0 0 6

Transaction ID: 49619-46821230649948

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or 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

A. Full Name (Last, First, Middle Initial) Nick Meyers		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 1000 Wilson Blvd #1825		Transaction ID: 66637-03594607114791
City Arlington	State VA	Zip Code 22209-3924
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer APA	Occupation staff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Kenneth Miller		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 1375 Cherry Way Drive Suite 230		Transaction ID: 66646-24947756528854
City Columbus	State OH	Zip Code 43230-8700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Edward Morhauser		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 631 Costa Rica Avenue		Transaction ID: 41640-01862734556198
City San Mateo	State CA	Zip Code 94402-1064
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Edgar Nace Mailing Address 7777 Forest Ln Ste B413 City State Zip Code Dallas TX 75230-6825 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Transaction ID: 14543-30265444517135 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) James Nininger Mailing Address 30 E 76th Street City State Zip Code New York NY 10021-2700 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6 Transaction ID: 86316-09309023618698 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Donna Norris Mailing Address PO Box 812294 City State Zip Code Wellesley MA 02482-0016 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6 Transaction ID: 88949-63731020689011 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**

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Tom Noyes

Mailing Address PO Box 7553

City

Laguna Niguel

State

CA

Zip Code

92607-7553

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
0 3 / 2 1 / 2 0 0 6

Transaction ID: 49619-54648989439011

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Dennis Nutter

Mailing Address 3055 Chattahoochee Trace

City

Gainesville

State

GA

Zip Code

30506-2103

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
0 2 / 1 3 / 2 0 0 6

Transaction ID: 41594-08877199888229

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Jayantkumar Patel

Mailing Address 132 Mansfield Avenue

City

Willimantic

State

CT

Zip Code

06226-2027

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Services Inc

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
0 3 / 2 4 / 2 0 0 6

Transaction ID: 24606-38755434751511

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Barry Perlman		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address 515 W End Avenue		Transaction ID: 86316-91283816099167
City State Zip Code New York NY 10024-4345	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Jason Pray		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 1000 Wilson Blvd. #1825		Transaction ID: 66637-13451784849167
City State Zip Code Arlington VA 22209	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer APA	Occupation staff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Charles Price		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address 313 Flint Street		Transaction ID: 86316-67399233579636
City State Zip Code Reno NV 89501-2005	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or 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

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

Kenneth Robbins

Mailing Address PO Box 259428

City State Zip Code
 Madison WI 53725-9428

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
 0 3 / 0 6 / 2 0 0 6

Transaction ID: 66637-00555056333541

Amount of Each Receipt this Period

250.00

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

Carolyn Robinowitz

Mailing Address 5225 Connecticut Avenue Northwest

City State Zip Code
 Washington DC 20015-1813

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

M M / D D / Y Y Y Y
 0 3 / 0 6 / 2 0 0 6

Transaction ID: 66637-74590700864792

Amount of Each Receipt this Period

1000.00

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

Robert Ronis

Mailing Address 2726 W Park Boulevard

City State Zip Code
 Cleveland OH 44120-1679

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
 0 3 / 0 6 / 2 0 0 6

Transaction ID: 66637-62142580747604

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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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

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

Charles Rousell

Mailing Address 38 Lake Ave

City State Zip Code
 Greenwich CT 06830-4515

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
 0 1 / 2 4 / 2 0 0 6

Transaction ID: 76825-49572390317917

Amount of Each Receipt this Period

250.00

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

Pedro Ruiz

Mailing Address 1300 Moursund St

City State Zip Code
 Houston TX 77030-3406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clinical Affairs

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
 0 1 / 1 1 / 2 0 0 6

Transaction ID: 14543-90906924009324

Amount of Each Receipt this Period

250.00

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

Jo-Ellyn Ryall

Mailing Address 12166 Old Big Bend Road Suite 210

City State Zip Code
 Saint Louis MO 63122-6836

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
 0 3 / 0 6 / 2 0 0 6

Transaction ID: 66646-76296633481980

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)
or 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

A.

Full Name (Last, First, Middle Initial)

James Scully

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
American Psychiatric Asso-
ciation

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 3 / 2 0 0 6

Transaction ID: 30666-92420595884324

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Steven Sharfstein

Mailing Address 6501 N Charles Street

City

Towson

State

MD

Zip Code

21204-6819

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sheppard-Pratt Health Sys-
tem

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 0 6

Transaction ID: 86327-50696963071823

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Jagannathan Srinivasaraghavan

Mailing Address 1000 N Main Street

City

Anna

State

IL

Zip Code

62906-1652

FEC ID number of contributing
federal political committee.

C

Name of Employer
SIU 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
0 3 / 0 6 / 2 0 0 6

Transaction ID: 66637-56750124692917

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

3750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or 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. Verner Stillner

Mailing Address 3260 Hospital Drive

City State Zip Code
 Juneau AK 99801-7808

FEC ID number of contributing federal political committee.

C

Name of Employer
Bartlett Regional HospitalOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 86316-25594729185104

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Leonard Sulik

Mailing Address 2508 Walden Way

City State Zip Code
 Saint Cloud MN 56301-9081

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 1 / 2 0 0 6

Transaction ID: 14543-22987002134323

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ann Sullivan

Mailing Address 14 Stuyvesant Oval Apt. 9F

City State Zip Code
 New York NY 10009-2229

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 86327-28432863950729

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 45

(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) Therese Swetnam Mailing Address 1000 Wilson Blvd. #1825 City Arlington State VA Zip Code 22209-3924 FEC ID number of contributing federal political committee. C Name of Employer APA Occupation staff Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 03 / 13 / 2006 Transaction ID: 88949-76092165708542 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Brian Teliho Mailing Address 3975 Roswell Rd NE City Atlanta State GA Zip Code 30342-4117 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 01 / 31 / 2006 Transaction ID: 76501-62864321470261 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Paul Thielking Mailing Address 1036 Greenhills Dr City Ann Arbor State MI Zip Code 48105-2722 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 100.00		Date of Receipt MM / DD / YYYY 01 / 31 / 2006 Transaction ID: 76501-61576479673386 Amount of Each Receipt this Period 100.00 [MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Captane Thomson Mailing Address 44 College Park City State Zip Code Davis CA 95616-3644 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6 Transaction ID: 86327-59418886899948 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Sul Ross Thorward Mailing Address 340 Bryant Avenue City State Zip Code Worthington OH 43085-3081 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6 Transaction ID: 39536-57973879575729 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Harsh Trivedi Mailing Address 95 Chestnut Street Apt. 1 City State Zip Code Brookline MA 02445-7584 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6 Transaction ID: 86316-86773318052292 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 45

(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. Jonathan Uecker

Mailing Address 430 Rice Street

City State Zip Code
 Anoka MN 55303-2128

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
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 86316-64947146177292

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Amy Ursano

Mailing Address 101 Manning Drive

City State Zip Code
 Chapel Hill NC 27514-4220

FEC ID number of contributing
federal political committee.

C

Name of Employer
CB #7160 UNC Hospital

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
 0 1 / 2 4 / 2 0 0 6

Transaction ID: 76825-95338076353074

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Jose Ventura

Mailing Address 111 Park St

City State Zip Code
 Buffalo NY 14201-1526

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
 0 1 / 2 4 / 2 0 0 6

Transaction ID: 76825-05472964048385

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

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

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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			

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. Full Name (Last, First, Middle Initial) Harjinder Virdee		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6	
Mailing Address 2704 Broadway N Suite C		Transaction ID: 25652-31138247251510	
City Fargo	State ND	Zip Code 58102-1486	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
B. Full Name (Last, First, Middle Initial) Sandra Walker		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6	
Mailing Address 1120 Cherry Street Suite 240		Transaction ID: 88949-50448244810104	
City Seattle	State WA	Zip Code 98104-2023	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
C. Full Name (Last, First, Middle Initial) Clyde Watkins		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 509 4th Street Southwest		Transaction ID: 41594-64895266294480	
City Magee	State MS	Zip Code 39111-3914	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		1300.00	
TOTAL This Period (last page this line number only)			

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

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

FOR LINE NUMBER: PAGE 31 / 45

(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. Sidney Weissman

Mailing Address 61 Hastings Avenue

City State Zip Code
 Highland Park IL 60035-5120

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
 0 3 / 1 3 / 2 0 0 6

Transaction ID: 88949-33893984556198

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Patricia Williams

Mailing Address 1193B Pineview Dr

City State Zip Code
 Morgantown WV 26505-2700

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
 0 2 / 0 8 / 2 0 0 6

Transaction ID: 19964-51496523618698

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mark Wright

Mailing Address 2112 Thorndale Way

City State Zip Code
 Lexington KY 40515-1111

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
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 86316-10471743345260

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

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(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. Joseph Yau

Mailing Address 5965 S 900 E # 420

City State Zip Code
Murray UT 84121-1720

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
0 1 / 2 4 / 2 0 0 6

Transaction ID: 76825-22875612974167

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kimberly Yonkers

Mailing Address 142 Temple St Ste 301

City State Zip Code
New Haven CT 06510-2600

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
0 1 / 1 1 / 2 0 0 6

Transaction ID: 14543-72306460142136

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Brian Zimnitzky

Mailing Address 1431 Q Street Northwest

City State Zip Code
Washington DC 20009-3807

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
0 3 / 3 1 / 2 0 0 6

Transaction ID: 90631-32824343442917

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)

35125.00

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 33 / 45

<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. National Capital Teleserv

Mailing Address 300 Fifth Street, NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Non-Candidate Support Tele-Fund Expen

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: V28731-2091791033744

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1944.39

Full Name (Last, First, Middle Initial)

B. National Capital Teleserv

Mailing Address 300 Fifth Street, NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Non-Candidate Support Tele-Fund Expen

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: V49318-7434350848198

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4058.77

Full Name (Last, First, Middle Initial)

C. National Capital Teleserv

Mailing Address 300 Fifth Street, NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Non-Candidate Support Tele-Fund Expen

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: V48176-2665216326713

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6842.53

SUBTOTAL of Disbursements This Page (optional)

12845.69

TOTAL This Period (last page this line number only)

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 34 / 45

<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. National Capital Teleserv

Mailing Address 300 Fifth Street, NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Non-Candidate Support Tele-Fund Expen

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: V40935-6488763689994

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	0	6

Amount of Each Disbursement this Period

7059.42

SUBTOTAL of Disbursements This Page (optional)

7059.42

TOTAL This Period (last page this line number only)

19905.11

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

Use separate schedule(s)
for each category of the
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☐ 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. Blue Dog Political Action Committee

Mailing Address 6849 Old Dominion Drive
Suite 222

City McLean State VA Zip Code 22101

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 41716-0539209246635

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Bob Filner for Congress

Mailing Address PO Box 127868

City San Diego State CA Zip Code 92112

Purpose of Disbursement
Contribution

Candidate Name
Bob Filner

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 51

Transaction ID: 41716-5333825945854

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Charles A Gonzalez Congressional Campaign

Mailing Address PO Box 12612

City San Antonio State TX Zip Code 78212

Purpose of Disbursement
Contribution

Candidate Name
Charles Gonzalez

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 20

Transaction ID: 49318-0124780535697

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

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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☐ 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. Charlie Palmer Steak

Mailing Address 101 Constitution Ave., NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
In-Kind Contribution, Catering

Candidate Name
Thomas Allen

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: ME District: 01

Transaction ID: V39771-7696802020073

Date of Disbursement

03 / 07 / 2006

Amount of Each Disbursement this Period

928.29

In-Kind

Full Name (Last, First, Middle Initial)

B. Charlie Palmer Steak

Mailing Address 101 Constitution Ave., NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
In-Kind Contribution, Catering

Candidate Name
Storm Chasers

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: V39771-0515863299369

Date of Disbursement

03 / 14 / 2006

Amount of Each Disbursement this Period

2207.10

In-Kind

Full Name (Last, First, Middle Initial)

C. Committe To Re-Elect Ed Towns

Mailing Address 438 Lewis Avenue

City Brooklyn State NY Zip Code 11233

Purpose of Disbursement
Contribution

Candidate Name
Edolphus Towns

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 10

Transaction ID: 67733-6802179217338

Date of Disbursement

03 / 08 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4135.39

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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☐ 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. Congressional Majority Committee

Mailing Address PO Box 746

City
Bakersfield

State
CA

Zip Code
93302

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 89685-4646112322807

Date of Disbursement

M M / D D / Y Y Y Y
03 / 02 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Davis for Congress/Friends of Davis

Mailing Address 5956 West Race Avenue

City
Chicago

State
IL

Zip Code
60644

Purpose of Disbursement
Contribution

Candidate Name
Danny Davis

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 07

Transaction ID: 41716-9851800799369

Date of Disbursement

M M / D D / Y Y Y Y
02 / 10 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street Southeast
2nd Floor

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 24682-5570642352104

Date of Disbursement

M M / D D / Y Y Y Y
03 / 23 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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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<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. Doc Pac

Mailing Address PO Box 65796

City
Washington

State
DC

Zip Code
20035

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 89685-1344720721244

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Fred Morgan for Congress

Mailing Address PO Box 14510

City
Oklahoma City

State
OK

Zip Code
73113

Purpose of Disbursement
Contribution

Candidate Name
Fred Morgan

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006

☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 05

Transaction ID: 89685-5499994158744

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Kent Conrad

Mailing Address PO Box 812

City
Bismarck

State
ND

Zip Code
58502

Purpose of Disbursement
Contribution

Candidate Name
Kent Conrad

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006

☒ Primary ☐ General
☐ Other (specify) ▼

State: ND District:

Transaction ID: 67733-3189355731010

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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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<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. Friends of Mark Foley

Mailing Address 1316 Lake Victoria Drive

City Lake Worth State FL Zip Code 33461

Purpose of Disbursement
Contribution

Candidate Name
Mark Foley

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 16

Transaction ID: 49318-9476587176323

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Max Baucus

Mailing Address PO Box 586

City Helena State MT Zip Code 59624

Purpose of Disbursement
Contribution

Candidate Name
Max Baucus

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MT District:

Transaction ID: 89685-5093652606010

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Patrick J Kennedy Inc

Mailing Address PO Box 321

City Pawtucket State RI Zip Code 02862

Purpose of Disbursement
Contribution

Candidate Name
Patrick Kennedy

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: RI District: 01

Transaction ID: 89685-7993585467338

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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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☐ 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. Friends of Roy Blunt

Mailing Address PO Box 50100

City
Springfield

State
MO

Zip Code
65805

Purpose of Disbursement
Contribution

Candidate Name
Roy Blunt

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 07

Transaction ID: 67733-7875482439994

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Hoosiers Supporting Buyer for Congress

Mailing Address 200 North Main St. PO Box 712

City
Monticello

State
IN

Zip Code
47960

Purpose of Disbursement
Contribution

Candidate Name
Stephen Buyer

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 04

Transaction ID: 24682-9367334246635

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Hulshof for Congress - District 09 Missouri

Mailing Address PO Box 1621

City
Columbia

State
MO

Zip Code
65205

Purpose of Disbursement
Contribution

Candidate Name
Kenny Hulshof

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 09

Transaction ID: 89685-5172540545463

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

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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<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. John Sullivan for Congress Inc

Mailing Address Post Office Box 470840

City Tulsa State OK Zip Code 74147

Purpose of Disbursement
Contribution

Candidate Name
John Sullivan

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 01

Transaction ID: 67733-4284326434135

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Johnson for Congress Committee

Mailing Address PO Box 1986

City New Britain State CT Zip Code 06050

Purpose of Disbursement
Contribution

Candidate Name
Nancy Johnson

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 05

Transaction ID: 89685-9800683856010

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Nathan Deal for Congress

Mailing Address PO Box 902

City Gainesville State GA Zip Code 30503

Purpose of Disbursement
Contribution

Candidate Name
Nathan Deal

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 09

Transaction ID: 89685-9286310076713

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☐ 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. National Leadership Pac

Mailing Address PO Box 5577

City State Zip Code
 New York NY 10027

Purpose of Disbursement
 Contribution

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 07063-0041162371635

Date of Disbursement

M M / D D / Y Y Y Y
 0 2 / 1 0 / 2 0 0 6

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Paula Hollinger for Congress

Mailing Address PO Box 5861

City State Zip Code
 Baltimore MD 21282

Purpose of Disbursement
 Contribution

Candidate Name
 Paula Hollinger

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 03

Transaction ID: 07063-1261255145072

Date of Disbursement

M M / D D / Y Y Y Y
 0 2 / 1 0 / 2 0 0 6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. People for Enterprise Trade and Economic Growth

Mailing Address 7804 Evening Lane

City State Zip Code
 Alexandria VA 22306

Purpose of Disbursement
 Contribution

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 88630-7755395770073

Date of Disbursement

M M / D D / Y Y Y Y
 0 3 / 0 2 / 2 0 0 6

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

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

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

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

FOR LINE NUMBER:
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☐ 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. Price for Congress

Mailing Address PO Box 425

City
Roswell

State
GA

Zip Code
30077

Purpose of Disbursement
Contribution

Candidate Name
Thomas Price

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 06

Transaction ID: 41716-3108941912651

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Ron Lewis for Congress

Mailing Address PO Box 307

City
Elizabethtown

State
KY

Zip Code
42702

Purpose of Disbursement
Contribution

Candidate Name
Ron Lewis

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 02

Transaction ID: 89685-1164972186088

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. Rosa Mexicana

Mailing Address 575 7th Street, NW

City
Washington

State
DC

Zip Code
20004

Purpose of Disbursement
In-Kind Contribution, Catering

Candidate Name
Patrick Kennedy

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: RI District: 01

Transaction ID: V25451-7886316180229

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1356.87

In-Kind

SUBTOTAL of Disbursements This Page (optional)

7856.87

TOTAL This Period (last page this line number only)

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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<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. Schwarz for Congress

Mailing Address Post Office Box 2063

City State Zip Code
Battle Creek MI 49016

Purpose of Disbursement
Contribution

Candidate Name
John Schwarz

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 07

Transaction ID: 41716-6795007586479

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Sue Myrick for Congress

Mailing Address PO Box 37091

City State Zip Code
Charlotte NC 28237

Purpose of Disbursement
Contribution

Candidate Name
Sue Myrick

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 09

Transaction ID: 89685-8164483904838

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Tom Allen for Congress Committee

Mailing Address PO Box 17766

City State Zip Code
Portland ME 04112

Purpose of Disbursement
Contribution

Candidate Name
Thomas Allen

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District: 01

Transaction ID: 89685-3040735125541

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

59992.26

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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<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. Jeffrey Seitelman

Mailing Address 13001 Seal Beach Boulevard

City
Seal Beach

State
CA

Zip Code
90740-2754

Purpose of Disbursement
Refund of Contribution Received

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 49411-29246157407760

Date of Disbursement

/ /

Amount of Each Disbursement this Period

395.00

SUBTOTAL of Disbursements This Page (optional)

395.00

TOTAL This Period (last page this line number only)

395.00