

**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="2013"/>	<input type="text" value="48223.88"/>	<input type="text" value="48223.88"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="26047.77"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="84066.66"/>	<input type="text" value="182860.26"/>
(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="110114.43"/>	<input type="text" value="231084.14"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="62548.49"/>	<input type="text" value="183518.20"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="47565.94"/>	<input type="text" value="47565.94"/>
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)

Page 3

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).....	42395.00	88281.00
(ii) Unitemized	39420.83	89731.83
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	81815.83	178012.83
(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)	81815.83	178012.83
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).....	2250.83	4447.43
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	400.00
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))..... ▶	84066.66	182860.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	84066.66	182860.26

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	11748.49	44218.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	11748.49	44218.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	49000.00	137500.00
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	1800.00	1800.00
(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)).....	1800.00	1800.00
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)) ..	62548.49	183518.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	62548.49	183518.20

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)	81815.83	178012.83
34. Total Contribution Refunds (from Line 28(d))	1800.00	1800.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	80015.83	176212.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	11748.49	44218.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	2250.83	4447.43
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9497.66	39770.77

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 80
<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

Full Name (Last, First, Middle Initial) A. Jeffrey Akaka			Date of Receipt M M / D D / Y Y Y Y Y 11 / 14 / 2013 Transaction ID : C2530317
Mailing Address PO Box 11780			Amount of Each Receipt this Period 250.00
City Honolulu	State HI	Zip Code 96828-0780	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. O. Wesley Allen Jr.			Date of Receipt M M / D D / Y Y Y Y Y 11 / 14 / 2013 Transaction ID : C2530314
Mailing Address 3712 Dunswood Pl.			Amount of Each Receipt this Period 250.00
City Lexington	State KY	Zip Code 40514	
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		

Full Name (Last, First, Middle Initial) C. Edmond Nazaire Amyot			Date of Receipt M M / D D / Y Y Y Y Y 11 / 01 / 2013 Transaction ID : C2530300
Mailing Address 211 Church St			Amount of Each Receipt this Period 50.00
City Saratoga Springs	State NY	Zip Code 12866-1003	
FEC ID number of contributing federal political committee. C			
Name of Employer Saratoga Hospital	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

SUBTOTAL of Receipts This Page (optional).....▶	550.00
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: (check only one)	PAGE 7 OF 80
	<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	

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

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

Mailing Address 4034 Witzel Dr

City Sherman Oaks State CA Zip Code 91423-4612

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 M / D D D / Y Y Y Y Y Y
11 / 14 / 2013

Transaction ID : C2530331

Amount of Each Receipt this Period
300.00

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

Mailing Address PO Box 1056

City Jackson State LA Zip Code 70748-1056

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 M / D D D / Y Y Y Y Y Y
09 / 11 / 2013

Transaction ID : C2501813

Amount of Each Receipt this Period
200.00

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

Mailing Address PO Box 1056

City Jackson State LA Zip Code 70748-1056

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 M / D D D / Y Y Y Y Y Y
10 / 15 / 2013

Transaction ID : C2503441

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **600.00**

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: (check only one)	PAGE 8 OF 80
	<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	

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

A. David D Aryanpur
Full Name (Last, First, Middle Initial)

Mailing Address 29992 Hunter Rd
Ste 105-156

City Murrieta State CA Zip Code 92563-2769

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

Name of Employer Self Employed
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
08 / 20 / 2013
Transaction ID : C2501723

Amount of Each Receipt this Period
400.00

B. Ayodele O Ayode
Full Name (Last, First, Middle Initial)

Mailing Address 203 W Spruce St

City Paxton State IL Zip Code 60957-1038

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
07 / 09 / 2013
Transaction ID : C2501644

Amount of Each Receipt this Period
300.00

C. Nigel Martyn Bark
Full Name (Last, First, Middle Initial)

Mailing Address 117 Constitution Dr

City Orangeburg State NY Zip Code 10962-2733

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

Name of Employer Bronx Psychiatric Center
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
07 / 08 / 2013
Transaction ID : C2501626

Amount of Each Receipt this Period
200.00

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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 80
<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. Nigel Martyn Bark
Full Name (Last, First, Middle Initial)
Mailing Address 117 Constitution Dr
City Orangeburg State NY Zip Code 10962-2733
FEC ID number of contributing federal political committee. **C**
Name of Employer Bronx Psychiatric Center Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 20 / 2013
Transaction ID : C2530394
Amount of Each Receipt this Period 50.00

B. Gail Austing Barker
Full Name (Last, First, Middle Initial)
Mailing Address 4693 Stonechapel Ln
City Cincinnati State OH Zip Code 45223-1282
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 08 / 20 / 2013
Transaction ID : C2501736
Amount of Each Receipt this Period 200.00

C. Gail Austing Barker
Full Name (Last, First, Middle Initial)
Mailing Address 4693 Stonechapel Ln
City Cincinnati State OH Zip Code 45223-1282
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 10 / 04 / 2013
Transaction ID : C2503412
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
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: (check only one)	PAGE 10 OF 80
	<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

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

Full Name (Last, First, Middle Initial) A. Eugene Becker		Date of Receipt M M / D D / Y Y Y Y Y 07 / 08 / 2013 Transaction ID : C2501636
Mailing Address 9 Cedar Dr		Amount of Each Receipt this Period 500.00
City Great Neck	State NY	Zip Code 11021-1954
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	

Full Name (Last, First, Middle Initial) B. Eugene Becker		Date of Receipt M M / D D / Y Y Y Y Y 08 / 07 / 2013 Transaction ID : C2530777
Mailing Address 9 Cedar Dr		Amount of Each Receipt this Period 500.00
City Great Neck	State NY	Zip Code 11021-1954
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	

Full Name (Last, First, Middle Initial) C. David R Beckert		Date of Receipt M M / D D / Y Y Y Y Y 11 / 14 / 2013 Transaction ID : C2530351
Mailing Address 35 Rivers Point Row Apt C		Amount of Each Receipt this Period 250.00
City Charleston	State SC	Zip Code 29412-3648
FEC ID number of contributing federal political committee. C		
Name of Employer University of South Carolina Medical C	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).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 80
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Robert Oscar Begtrup		Date of Receipt M M / D D / Y Y Y Y Y 11 / 01 / 2013 Transaction ID : C2530297
Mailing Address 1190 Otter Creek Rd		Amount of Each Receipt this Period 150.00
City Nashville	State TN	Zip Code 37220-1700
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	

Full Name (Last, First, Middle Initial) B. Jake M Behrens		Date of Receipt M M / D D / Y Y Y Y Y 11 / 19 / 2013 Transaction ID : C2530364
Mailing Address 2705 University Ave Apt 15		Amount of Each Receipt this Period 250.00
City Madison	State WI	Zip Code 53705-3721
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 ▼ 400.00	

Full Name (Last, First, Middle Initial) c. Christopher D Bojrab		Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2013 Transaction ID : C2503458
Mailing Address 703 Pro-Med Ln Ste 200		Amount of Each Receipt this Period 1500.00
City Carmel	State IN	Zip Code 46032-5318
FEC ID number of contributing federal political committee. C		
Name of Employer Indiana Health Group Inc	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1900.00
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: (check only one)	PAGE 12 OF 80
	<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. Debra Anderson Bolick
 Full Name (Last, First, Middle Initial)
 Mailing Address 366 44th Avenue Dr NW
 City State Zip Code
 Hickory NC 28601-6905
 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
 11 / 14 / 2013
Transaction ID : C2530340
 Amount of Each Receipt this Period
 250.00

B. Eric E Boss
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 Arborwoods Dr
 City State Zip Code
 Brownsburg IN 46112-7740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2013
Transaction ID : C2529506
 Amount of Each Receipt this Period
 1000.00

C. Carolyn Brada
 Full Name (Last, First, Middle Initial)
 Mailing Address 52 S Mission Rd
 City State Zip Code
 Eastborough KS 67207-1036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A Homemaker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2013
Transaction ID : C2501668
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
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: (check only one)	PAGE 13 OF 80
	<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	

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

A. Donald Robert Brada
Full Name (Last, First, Middle Initial)

Mailing Address 5101 Cody Court

City Lawrence State KS Zip Code 66049

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

Name of Employer Univ. of Kansas School of Medicine Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2013

Transaction ID : C2501669

Amount of Each Receipt this Period
 1000.00

B. Harry Andrew Brandt
Full Name (Last, First, Middle Initial)

Mailing Address 6535 N Charles St Ste 300

City Towson State MD Zip Code 21204-5824

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

Name of Employer Center for Eating Disorders 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
 11 / 14 / 2013

Transaction ID : C2530349

Amount of Each Receipt this Period
 250.00

C. David Leslie Buch
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 16150

City Philadelphia State PA Zip Code 19114-0150

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 M / D D D / Y Y Y Y Y Y
 09 / 25 / 2013

Transaction ID : C2502085

Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	1450.00
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 14 OF 80
(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. David Leslie Buch

Mailing Address PO Box 16150

City Philadelphia State PA Zip Code 19114-0150

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 M / D D D / Y Y Y Y Y Y
12 / 05 / 2013

Transaction ID : C2529547

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Stephen Eugene Buie

Mailing Address 158 Zillicoa St

City Asheville State NC Zip Code 28801-1079

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 M / D D D / Y Y Y Y Y Y
11 / 14 / 2013

Transaction ID : C2530327

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Francis K Butler

Mailing Address 2753 State Road 580 Ste 202

City Clearwater State FL Zip Code 33761-3345

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2013

Transaction ID : C2529562

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **400.00**

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: (check only one)	PAGE 15 OF 80
	<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

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

A. Steven Loraine Cauble
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 Clinton St
 City State Zip Code
 Concord NH 03301-2359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New Hampshire Hospital 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
 07 / 16 / 2013
Transaction ID : C2501664
 Amount of Each Receipt this Period
 250.00

B. Anna M Chapman
 Full Name (Last, First, Middle Initial)
 Mailing Address 51 Christopher St
 City State Zip Code
 New York NY 10014-3530
 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
 08 / 20 / 2013
Transaction ID : C2501758
 Amount of Each Receipt this Period
 250.00

C. Norman Alan Chapman
 Full Name (Last, First, Middle Initial)
 Mailing Address 420 Lake Cook Rd
 Ste 115
 City State Zip Code
 Deerfield IL 60015-4914
 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 ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2013
Transaction ID : C2501637
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
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: (check only one)	PAGE 16 OF 80
	<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	

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

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

Mailing Address 5330 E Madison Ave

City Fresno State CA Zip Code 93727-3220

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
09 / 11 / 2013
Transaction ID : **C2501802**

Amount of Each Receipt this Period
150.00

B. Michael V DeLollis
Full Name (Last, First, Middle Initial)

Mailing Address 5330 E Madison Ave

City Fresno State CA Zip Code 93727-3220

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
12 / 30 / 2013
Transaction ID : **C2529546**

Amount of Each Receipt this Period
100.00

C. Russell William Denea
Full Name (Last, First, Middle Initial)

Mailing Address 268 Broadway Ste 202

City Saratoga Springs State NY Zip Code 12866-4271

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
11 / 19 / 2013
Transaction ID : **C2530366**

Amount of Each Receipt this Period
500.00

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 80
(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

Full Name (Last, First, Middle Initial)
A. David R Diaz

Mailing Address 2601 Cold Spring Rd

City Indianapolis State IN Zip Code 46222-2202

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **875.00**

Date of Receipt **10 / 10 / 2013**

Transaction ID : C2503480

Amount of Each Receipt this Period **125.00**

Full Name (Last, First, Middle Initial)
B. David R Diaz

Mailing Address 2601 Cold Spring Rd

City Indianapolis State IN Zip Code 46222-2202

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **875.00**

Date of Receipt **11 / 12 / 2013**

Transaction ID : C2530303

Amount of Each Receipt this Period **125.00**

Full Name (Last, First, Middle Initial)
C. David R Diaz

Mailing Address 2601 Cold Spring Rd

City Indianapolis State IN Zip Code 46222-2202

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **875.00**

Date of Receipt **12 / 11 / 2013**

Transaction ID : C2529505

Amount of Each Receipt this Period **125.00**

SUBTOTAL of Receipts This Page (optional)..... **375.00**

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: (check only one)	PAGE 18 OF 80
	<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. Daniel W Dick
Full Name (Last, First, Middle Initial)

Mailing Address 11210 SW Fairfield St

City State Zip Code
Beaverton OR 97005-1513

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

Name of Employer Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 19 / 2013
Transaction ID : C2530388

Amount of Each Receipt this Period
500.00

B. Patty J Dickmann
Full Name (Last, First, Middle Initial)

Mailing Address 1969 Summit Ave

City State Zip Code
Saint Paul MN 55105-1459

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 ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 17 / 2013
Transaction ID : C2501661

Amount of Each Receipt this Period
150.00

C. Patty J Dickmann
Full Name (Last, First, Middle Initial)

Mailing Address 1969 Summit Ave

City State Zip Code
Saint Paul MN 55105-1459

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 ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 19 / 2013
Transaction ID : C2530376

Amount of Each Receipt this Period
250.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 80
	<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	

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

A. John Stuart Dirksen
Full Name (Last, First, Middle Initial)

Mailing Address 104B Srp Dr

City Evans State GA Zip Code 30809-3319

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

Name of Employer West Associates Psychiatric Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2013

Transaction ID : C2503426

Amount of Each Receipt this Period
 100.00

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

Mailing Address 5602 Coronation Ct

City Dunwoody State GA Zip Code 30338-2610

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 ▼ 465.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2013

Transaction ID : C2502103

Amount of Each Receipt this Period
 365.00

C. Anish Ranjan Dube
Full Name (Last, First, Middle Initial)

Mailing Address 45 William Emery Pl.

City Providence State RI Zip Code 02904

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

Name of Employer Lifespan Occupation 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
 11 / 14 / 2013

Transaction ID : C2530336

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: (check only one)	PAGE 20 OF 80
<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. Eli Einbinder
Full Name (Last, First, Middle Initial)

Mailing Address 121 E 60th St

City New York State NY Zip Code 10022-1117

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
12 / 24 / 2013
Transaction ID : C2529522

Amount of Each Receipt this Period
100.00

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

Mailing Address 1642 Melrose Ave

City Chula Vista State CA Zip Code 91911-5915

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
09 / 11 / 2013
Transaction ID : C2501791

Amount of Each Receipt this Period
300.00

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

Mailing Address 1642 Melrose Ave

City Chula Vista State CA Zip Code 91911-5915

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
10 / 21 / 2013
Transaction ID : C2503393

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

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: (check only one)	PAGE 21 OF 80
	<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	

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

A. John P Fanning
Full Name (Last, First, Middle Initial)

Mailing Address 1000 Wilson Blvd.
Suite 1825

City Arlington State VA Zip Code 22209

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
12 / 03 / 2013
Transaction ID : C2529489

Amount of Each Receipt this Period
250.00

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

Mailing Address 7105 McCallum St

City Philadelphia State PA Zip Code 19119-2936

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
09 / 25 / 2013
Transaction ID : C2501864

Amount of Each Receipt this Period
100.00

C. Judith Ann Feld
Full Name (Last, First, Middle Initial)

Mailing Address 511 Farber Lakes Dr
Independent Health

City Buffalo State NY Zip Code 14221-5779

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
11 / 20 / 2013
Transaction ID : C2530395

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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: (check only one)	PAGE 22 OF 80
	<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	

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

A. James William Flax
Full Name (Last, First, Middle Initial)

Mailing Address 11 Medical Park Dr
Ste 102

City Pomona State NY Zip Code 10970-3559

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 ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 30 / 2013

Transaction ID : C2529535

Amount of Each Receipt this Period
100.00

B. Helen Montague Foster
Full Name (Last, First, Middle Initial)

Mailing Address 2004 Brema Rd
Ste 106

City Richmond State VA Zip Code 23226-2442

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
10 / 03 / 2013

Transaction ID : C2503414

Amount of Each Receipt this Period
250.00

C. 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 ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 16 / 2013

Transaction ID : C2503383

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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 23 OF 80
(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

Full Name (Last, First, Middle Initial)
A. Heather M Fretwell

Mailing Address 2919 S Post Rd

City Indianapolis State IN Zip Code 46239-9118

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
10 / 08 / 2013
Transaction ID : C2503475

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Heather M Fretwell

Mailing Address 2919 S Post Rd

City Indianapolis State IN Zip Code 46239-9118

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
11 / 14 / 2013
Transaction ID : C2530316

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Benedict Leo Gierl

Mailing Address 610 S Maple Ave Ste 3000

City Oak Park State IL Zip Code 60304-1099

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 ▼ 550.00

Date of Receipt
10 / 08 / 2013
Transaction ID : C2503471

Amount of Each Receipt this Period
450.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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: (check only one)	PAGE 24 OF 80
	<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	

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

A. Irvin D Godofsky
 Full Name (Last, First, Middle Initial)
 Mailing Address 4519 Admiralty Way
 Ste 110
 City Marina Del Rey State CA Zip Code 90292-5455
 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 M / D D D / Y Y Y Y Y Y
 09 / 11 / 2013
Transaction ID : C2501785
 Amount of Each Receipt this Period
 250.00

B. Marc David Graff
 Full Name (Last, First, Middle Initial)
 Mailing Address 18040 Sherman Way
 City Reseda State CA Zip Code 91335-4631
 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 M / D D D / Y Y Y Y Y Y
 11 / 19 / 2013
Transaction ID : C2530377
 Amount of Each Receipt this Period
 500.00

C. Norma Ruth Green
 Full Name (Last, First, Middle Initial)
 Mailing Address 160 Henry St
 City Brooklyn State NY Zip Code 11201-2503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2013
Transaction ID : C2503386
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00
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: (check only one)	PAGE 25 OF 80
	<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	

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

A. William M Greenberg
Full Name (Last, First, Middle Initial)

Mailing Address 233 Mulberry Rd

City Ramsey State NJ Zip Code 07446-1159

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 ▼ **750.00**

Date of Receipt
11 / 19 / 2013

Transaction ID : C2530384

Amount of Each Receipt this Period
500.00

B. Daniel Maier Greenwald
Full Name (Last, First, Middle Initial)

Mailing Address 252 Grant Ave

City Highland Park State NJ Zip Code 08904-1810

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
07 / 08 / 2013

Transaction ID : C2501618

Amount of Each Receipt this Period
100.00

C. Daniel Maier Greenwald
Full Name (Last, First, Middle Initial)

Mailing Address 252 Grant Ave

City Highland Park State NJ Zip Code 08904-1810

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
08 / 07 / 2013

Transaction ID : C2501705

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **700.00**

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 26 OF 80
(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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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

Full Name (Last, First, Middle Initial)
A. Daniel Maier Greenwald

Mailing Address 252 Grant Ave

City Highland Park State NJ Zip Code 08904-1810

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 **10 / 31 / 2013**

Transaction ID : C2503388

Amount of Each Receipt this Period **100.00**

Full Name (Last, First, Middle Initial)
B. Edward Richard Herman

Mailing Address 6 Butternut Rd

City Briarcliff State NY Zip Code 10510-2222

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 **11 / 14 / 2013**

Transaction ID : C2530322

Amount of Each Receipt this Period **250.00**

Full Name (Last, First, Middle Initial)
C. Bruce Alan Hershfield

Mailing Address 1415 Cold Bottom Rd

City Sparks Glenco State MD Zip Code 21152-9520

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **09 / 25 / 2013**

Transaction ID : C2502099

Amount of Each Receipt this Period **150.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **500.00**

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: (check only one)	PAGE 27 OF 80
	<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	

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

A. Bruce Alan Hershfield
Full Name (Last, First, Middle Initial)

Mailing Address 1415 Cold Bottom Rd

City Sparks Glenco	State MD	Zip Code 21152-9520
-----------------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2013

Transaction ID : C2530344

Amount of Each Receipt this Period
150.00

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

Mailing Address 2675 S. Mayflower Way

City Boise	State ID	Zip Code 83709
---------------	-------------	-------------------

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

Name of Employer Boise VA Hospital	Occupation 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
11	/	19	/	2013

Transaction ID : C2530380

Amount of Each Receipt this Period
500.00

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

Mailing Address 10102 NE 16th Pl

City Bellevue	State WA	Zip Code 98004-3513
------------------	-------------	------------------------

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
12	/	18	/	2013

Transaction ID : C2529507

Amount of Each Receipt this Period
250.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 80
	<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	

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

A. Margaret C Hunte
Full Name (Last, First, Middle Initial)

Mailing Address 1094 Wilson Blvd
Ste 1825

City Arlington State VA Zip Code 22209-2202

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

Name of Employer American Psychiatric Association Occupation Budget Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 18 / 2013
Transaction ID : C2534067

Amount of Each Receipt this Period
250.00

B. Jason William Hunziker
Full Name (Last, First, Middle Initial)

Mailing Address 10313 Ashley Ridge Rd

City Sandy State UT Zip Code 84092-7271

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 14 / 2013
Transaction ID : C2530335

Amount of Each Receipt this Period
250.00

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

Mailing Address 9903 Santa Monica Blvd
188

City Beverly Hills State CA Zip Code 90212-1671

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
10 / 24 / 2013
Transaction ID : C2503382

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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: (check only one)	PAGE 29 OF 80
	<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	<input type="checkbox"/> 17

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

A. Brian Paul Jacks
Full Name (Last, First, Middle Initial)

Mailing Address 9903 Santa Monica Blvd
188

City Beverly Hills State CA Zip Code 90212-1671

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 M / D D D / Y Y Y Y Y Y
11 / 01 / 2013
Transaction ID : C2530290

Amount of Each Receipt this Period
100.00

B. Jon C Jackson
Full Name (Last, First, Middle Initial)

Mailing Address 119 Edwards Ave

City Richland State MS Zip Code 39218-9543

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
11 / 19 / 2013
Transaction ID : C2530371

Amount of Each Receipt this Period
250.00

C. Jeffrey J Kellams
Full Name (Last, First, Middle Initial)

Mailing Address 850 N Meridian St
Midtown Mental Health Center

City Indianapolis State IN Zip Code 46204-1098

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

Name of Employer Self Employed
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2013
Transaction ID : C2530282

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00

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: (check only one)	PAGE 30 OF 80
	<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	

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

A. Stephen S Klevens
 Full Name (Last, First, Middle Initial)
 Mailing Address 15030 Ventura Blvd # 19-909
 City Sherman Oaks State CA Zip Code 91403-5470
 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 **475.00**

Date of Receipt **09 / 11 / 2013**
Transaction ID : C2501818
 Amount of Each Receipt this Period **375.00**

B. Stephen S Klevens
 Full Name (Last, First, Middle Initial)
 Mailing Address 15030 Ventura Blvd # 19-909
 City Sherman Oaks State CA Zip Code 91403-5470
 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 **475.00**

Date of Receipt **10 / 21 / 2013**
Transaction ID : C2503375
 Amount of Each Receipt this Period **100.00**

C. Steve Hyun Koh
 Full Name (Last, First, Middle Initial)
 Mailing Address 4455 Alabama Street Apt 5
 City San Diego State CA Zip Code 92116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 19 / 2013**
Transaction ID : C2530362
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **975.00**
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: (check only one)	PAGE 31 OF 80
	<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	

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

Full Name (Last, First, Middle Initial) A. Mark Robert Koller		Date of Receipt MM / DD / YYYY 08 / 20 / 2013 Transaction ID : C2501739
Mailing Address 3400 W 66th St Ste 375		Amount of Each Receipt this Period 150.00
City Minneapolis	State MN	Zip Code 55435-2168
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	

Full Name (Last, First, Middle Initial) B. Mark Robert Koller		Date of Receipt MM / DD / YYYY 10 / 16 / 2013 Transaction ID : C2503418
Mailing Address 3400 W 66th St Ste 375		Amount of Each Receipt this Period 100.00
City Minneapolis	State MN	Zip Code 55435-2168
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	

Full Name (Last, First, Middle Initial) C. Louis James Kraus		Date of Receipt MM / DD / YYYY 07 / 16 / 2013 Transaction ID : C2501659
Mailing Address 910 Skokie Blvd Ste 230		Amount of Each Receipt this Period 500.00
City Northbrook	State IL	Zip Code 60062-4040
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	

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 80
	<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	

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

A. Laura A Kroetsch
 Full Name (Last, First, Middle Initial)
 Mailing Address 1078 Parkway Dr
 City West Fargo State ND Zip Code 58078-8178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer State of North Dakota Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2013
Transaction ID : C2530379
 Amount of Each Receipt this Period
 1000.00

B. David Michael Ledner
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Hillcrest Ave
 City Mont Vernon State NH Zip Code 03057-1629
 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 M / D D D / Y Y Y Y Y Y
 10 / 16 / 2013
Transaction ID : C2503416
 Amount of Each Receipt this Period
 100.00

C. Saul Marc Levin
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 E Erie St Apt 3703
 City Chicago State IL Zip Code 60611-3158
 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 M / D D D / Y Y Y Y Y Y
 07 / 09 / 2013
Transaction ID : C2501654
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
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: (check only one)	PAGE 33 OF 80
	<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	

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

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

Mailing Address 44 Alteza

City Santa Fe State NM Zip Code 87508-2217

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
08 / 07 / 2013
Transaction ID : C2501706

Amount of Each Receipt this Period
250.00

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

Mailing Address 2540 Flowood Dr Ste A

City Flowood State MS Zip Code 39232-9362

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
11 / 14 / 2013
Transaction ID : C2530326

Amount of Each Receipt this Period
250.00

C. William I Malamud
Full Name (Last, First, Middle Initial)

Mailing Address 130A Seminary Ave Apt 209

City Auburndale State MA Zip Code 02466-2669

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
11 / 20 / 2013
Transaction ID : C2530397

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Psychiatric Association Political Action Committee

A. Rhonda M. Mattox
 Full Name (Last, First, Middle Initial)
 Mailing Address 14524 Cantrill Rd
 Suite 140-205
 City Little Rock State AR Zip Code 72223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2013
Transaction ID : C2530342
 Amount of Each Receipt this Period
500.00

B. Richard H McCarthy
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Herbert Ave
 City White Plains State NY Zip Code 10606-3403
 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
 10 / 08 / 2013
Transaction ID : C2503455
 Amount of Each Receipt this Period
250.00

C. Keith H McCoy
 Full Name (Last, First, Middle Initial)
 Mailing Address 5109 Butternut Rd
 City Durham State NC Zip Code 27707-5263
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2013
Transaction ID : C2529512
 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: (check only one)	PAGE 35 OF 80
	<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	

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

A. Kaye L McGinty
Full Name (Last, First, Middle Initial)

Mailing Address 600 Moye Blvd.

City Greenville State NC Zip Code 27834

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

Name of Employer East Carolina University Occupation 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
 11 / 14 / 2013
Transaction ID : C2530325

Amount of Each Receipt this Period
 500.00

B. Stephen A McLeod-Bryant
Full Name (Last, First, Middle Initial)

Mailing Address 701 Bradburn Drive

City MT Pleasant State SC Zip Code 29464-5114

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

Name of Employer Medical University of South Carolina Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2013
Transaction ID : C2530329

Amount of Each Receipt this Period
 500.00

C. Melvin Philip Melnick
Full Name (Last, First, Middle Initial)

Mailing Address 300 S Homewood Ave

City Pittsburgh State PA Zip Code 15200

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 M / D D D / Y Y Y Y Y Y
 09 / 11 / 2013
Transaction ID : C2501843

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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 80
<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. Melvin Philip Melnick
Full Name (Last, First, Middle Initial)

Mailing Address 300 S Homewood Ave

City Pittsburgh	State PA	Zip Code 15200
--------------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2013

Transaction ID : C2503454

Amount of Each Receipt this Period

250.00

B. Charles A Meyer
Full Name (Last, First, Middle Initial)

Mailing Address 818 Aumond PI E

City Augusta	State GA	Zip Code 30909-3220
-----------------	-------------	------------------------

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
08	/	06	/	2013

Transaction ID : C2501681

Amount of Each Receipt this Period

250.00

C. Paul Martin Meyer-Strom
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 91411

City Portland	State OR	Zip Code 97291-0008
------------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2013

Transaction ID : C2529561

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 80
	<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	

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

Full Name (Last, First, Middle Initial) A. Nicholas Meyers		Date of Receipt M M / D D / Y Y Y Y Y 11 / 14 / 2013 Transaction ID : C2530343
Mailing Address 1000 Wilson Blvd Ste 1825		Amount of Each Receipt this Period 500.00
City Arlington	State Zip Code VA 22209-3924	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 0.00
Name of Employer American Psychiatric Association	Occupation Director, DGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Laurence H. Miller		Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2013 Transaction ID : C2530347
Mailing Address 16 Hickjory Creek Dr.		Amount of Each Receipt this Period 250.00
City Little Rock	State Zip Code AR 72212	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Raymond K Molden		Date of Receipt M M / D D / Y Y Y Y Y 11 / 19 / 2013 Transaction ID : C2530375
Mailing Address 5 Red Cedar Cv		Amount of Each Receipt this Period 500.00
City Little Rock	State Zip Code AR 72212-3324	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 80
	<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

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

A. Jason Edward Mondale MD
Full Name (Last, First, Middle Initial)

Mailing Address 1 Widger Rd
Medical Office Building

City Marblehead State MA Zip Code 01945-2146

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
08 / 20 / 2013
Transaction ID : C2501726

Amount of Each Receipt this Period
250.00

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

Mailing Address 3046 Gaslight Dr

City Bay City State MI Zip Code 48706-9604

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
12 / 06 / 2013
Transaction ID : C2529558

Amount of Each Receipt this Period
100.00

C. Paul J O'Leary
Full Name (Last, First, Middle Initial)

Mailing Address 1225 50th St S

City Birmingham State AL Zip Code 35222-3915

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
07 / 08 / 2013
Transaction ID : C2501608

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00

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: (check only one)	PAGE 39 OF 80
	<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	

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

A. Paul J O'Leary
Full Name (Last, First, Middle Initial)

Mailing Address 1225 50th St S

City Birmingham	State AL	Zip Code 35222-3915
--------------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2013

Transaction ID : C2501673

Amount of Each Receipt this Period

50.00

B. Paul J O'Leary
Full Name (Last, First, Middle Initial)

Mailing Address 1225 50th St S

City Birmingham	State AL	Zip Code 35222-3915
--------------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2013

Transaction ID : C2501781

Amount of Each Receipt this Period

50.00

C. Paul J O'Leary
Full Name (Last, First, Middle Initial)

Mailing Address 1225 50th St S

City Birmingham	State AL	Zip Code 35222-3915
--------------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2013

Transaction ID : C2503447

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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: (check only one)	PAGE 40 OF 80
	<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	

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

A. Paul J O'Leary
Full Name (Last, First, Middle Initial)

Mailing Address 1225 50th St S

City Birmingham State AL Zip Code 35222-3915

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
11 / 01 / 2013
Transaction ID : C2530301

Amount of Each Receipt this Period
50.00

B. Paul J O'Leary
Full Name (Last, First, Middle Initial)

Mailing Address 1225 50th St S

City Birmingham State AL Zip Code 35222-3915

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
12 / 02 / 2013
Transaction ID : C2529486

Amount of Each Receipt this Period
50.00

C. John J Palmieri
Full Name (Last, First, Middle Initial)

Mailing Address 57 Green St # 1

City Charlestown State MA Zip Code 02129-2531

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
11 / 14 / 2013
Transaction ID : C2530346

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 465.00

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 41 OF 80
(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

Full Name (Last, First, Middle Initial)
A. Hetal P Patel

Mailing Address 512 James Cir

City State Zip Code
Royal Oak MI 48067-4540

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
08 / 07 / 2013
Transaction ID : C2501709

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Stephen Lee Patt

Mailing Address 1716 N Crilly Ct

City State Zip Code
Chicago IL 60614-5700

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

Name of Employer Occupation
Advocate Medical Group Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 07 / 2013
Transaction ID : C2501691

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Vivian Blotnick Pender

Mailing Address 145 W 86th St
Apt 1C

City State Zip Code
New York NY 10024-3421

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
11 / 01 / 2013
Transaction ID : C2530285

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 80
	<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	

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

A. William W Philip
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 770240
City Steamboat Spr State CO Zip Code 80477-0240
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt **10 / 15 / 2013**
Transaction ID : C2503392
Amount of Each Receipt this Period **100.00**

B. Patricia Ryan Recupero
Full Name (Last, First, Middle Initial)
Mailing Address 345 Blackstone Blvd
City Providence State RI Zip Code 02906-4800
FEC ID number of contributing federal political committee. **C**
Name of Employer Butler Hospital Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 26 / 2013**
Transaction ID : C2501778
Amount of Each Receipt this Period **500.00**

C. Michele Reid
Full Name (Last, First, Middle Initial)
Mailing Address 640 Temple St FI 8
City Detroit State MI Zip Code 48201-2500
FEC ID number of contributing federal political committee. **C**
Name of Employer Detroit-Wayne County Comm MH Agency Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 01 / 2013**
Transaction ID : C2503448
Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **850.00**
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 43 OF 80
(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. Corvin V Robinson
Full Name (Last, First, Middle Initial)
Mailing Address 10001 Pebble Beach Ter
City Ijamsville State MD Zip Code 21754-9147
FEC ID number of contributing federal political committee. **C**
Name of Employer Brook Lane Health Services Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 07 / 2013**
Transaction ID : C2501690
Amount of Each Receipt this Period **250.00**

B. Robert Paul Roca
Full Name (Last, First, Middle Initial)
Mailing Address 6501 N Charles St
City Baltimore State MD Zip Code 21204-6819
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 **07 / 08 / 2013**
Transaction ID : C2501634
Amount of Each Receipt this Period **100.00**

C. Robert Paul Roca
Full Name (Last, First, Middle Initial)
Mailing Address 6501 N Charles St
City Baltimore State MD Zip Code 21204-6819
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 **08 / 08 / 2013**
Transaction ID : C2501718
Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **450.00**
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 44 OF 80
(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. Robert Paul Roca
Full Name (Last, First, Middle Initial)

Mailing Address 6501 N Charles St

City Baltimore	State MD	Zip Code 21204-6819
-------------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2013

Transaction ID : C2501800

Amount of Each Receipt this Period
100.00

B. Robert Paul Roca
Full Name (Last, First, Middle Initial)

Mailing Address 6501 N Charles St

City Baltimore	State MD	Zip Code 21204-6819
-------------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2013

Transaction ID : C2503462

Amount of Each Receipt this Period
100.00

C. Robert Paul Roca
Full Name (Last, First, Middle Initial)

Mailing Address 6501 N Charles St

City Baltimore	State MD	Zip Code 21204-6819
-------------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2013

Transaction ID : C2530304

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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: (check only one)	PAGE 45 OF 80
	<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	

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

A. L. Mark Russakoff
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 N Broadway
 City State Zip Code
 Sleepy Hollow NY 10591-1020
 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 ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2013
Transaction ID : C2503390
 Amount of Each Receipt this Period
 100.00

B. Jo-Ellyn Ryall
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Ladue Crest Ln
 City State Zip Code
 Saint Louis MO 63124-1543
 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
 11 / 14 / 2013
Transaction ID : C2530333
 Amount of Each Receipt this Period
 250.00

C. Laurence Ross Saben
 Full Name (Last, First, Middle Initial)
 Mailing Address 615 E Lexington Ave
 City State Zip Code
 El Cajon CA 92020-4617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2013
Transaction ID : C2503389
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶ 650.00
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 46 OF 80
(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. Suzanne J Sampang

Mailing Address 3659 Herschel Ave

City State Zip Code
 Cincinnati OH 45208-1936

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
 11 / 19 / 2013

Transaction ID : C2530363

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Elias Henry Sarkis

Mailing Address 529 NW 60th St # B

City State Zip Code
 Gainesville FL 32607-2008

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
 10 / 02 / 2013

Transaction ID : C2503425

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Mary Ann Schaepper

Mailing Address 1686 Barton Rd

City State Zip Code
 Redlands CA 92373-1488

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
 09 / 11 / 2013

Transaction ID : C2501797

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: (check only one)	PAGE 47 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Alan David Schmetzer
 Full Name (Last, First, Middle Initial)
 Mailing Address 4170 Central Ave
 City Indianapolis State IN Zip Code 46205-2605
 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 **12 / 30 / 2013**
Transaction ID : C2529528
 Amount of Each Receipt this Period **1000.00**

B. Donna Jean Scott
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 Juslyn Dr
 City Harvest State AL Zip Code 35749-9513
 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 **08 / 15 / 2013**
Transaction ID : C2501672
 Amount of Each Receipt this Period **250.00**

C. Leslie Harold Secrest
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Walnut Hill Ln
 City Dallas State TX Zip Code 75231-4426
 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 **12 / 18 / 2013**
Transaction ID : C2529509
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 80
	<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

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

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

Mailing Address 133 E 91st St

City New York State NY Zip Code 10128-1796

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
08 / 20 / 2013
Transaction ID : C2501741

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Jyoti Ramesh Shah

Mailing Address 354 Stanley Dr

City Kingston State PA Zip Code 18704-5610

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

Name of Employer Wyoming Valley Health Care Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 25 / 2013
Transaction ID : C2502101

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Peter A Shapiro

Mailing Address 4648 Waldo Ave

City Bronx State NY Zip Code 10471-3000

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

Name of Employer Columbia University Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 25 / 2013
Transaction ID : C2502098

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 80
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Meriamne B Singer

Mailing Address 300 W 72nd St
Apt 1D

City New York State NY Zip Code 10023-2661

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

Name of Employer American Psychiatric Association
Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2013

Transaction ID : C2501860

Amount of Each Receipt this Period
250.00

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

Mailing Address 3901 Cathedral Ave NW

City Washington State DC Zip Code 20016

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

Name of Employer American Psychiatric Association
Self Employed Occupation Chief Strategy Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2013

Transaction ID : C2530330

Amount of Each Receipt this Period
250.00

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

Mailing Address 1544 Glenrose Dr

City Salt Lake City State UT Zip Code 84104-3237

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

Name of Employer American Psychiatric Association
Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2013

Transaction ID : C2530354

Amount of Each Receipt this Period
365.00

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: (check only one)	PAGE 50 OF 80
	<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	

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

A. Janet Melinda Spraggins
Full Name (Last, First, Middle Initial)

Mailing Address 780 Welch Rd
Ste 207

City Palo Alto State CA Zip Code 94304-1518

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 ▼
740.00

Date of Receipt
10 / 21 / 2013
Transaction ID : C2503434

Amount of Each Receipt this Period
200.00

B. Jerry Carl Steiert
Full Name (Last, First, Middle Initial)

Mailing Address 510 State St S

City Kirkland State WA Zip Code 98033-6604

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
10 / 16 / 2013
Transaction ID : C2503510

Amount of Each Receipt this Period
200.00

C. Jerry Carl Steiert
Full Name (Last, First, Middle Initial)

Mailing Address 510 State St S

City Kirkland State WA Zip Code 98033-6604

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
12 / 03 / 2013
Transaction ID : C2529530

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

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: (check only one)	PAGE 51 OF 80
	<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	

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

Full Name (Last, First, Middle Initial) A. Lee Stevens		Date of Receipt M M / D D / Y Y Y Y Y 11 / 19 / 2013 Transaction ID : C2530361
Mailing Address 1002 Highland Ave Ste 300		Amount of Each Receipt this Period 1000.00
City Shreveport	State LA	Zip Code 71101-4143
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 ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Lee Stevens		Date of Receipt M M / D D / Y Y Y Y Y 11 / 20 / 2013 Transaction ID : C2530396
Mailing Address 1002 Highland Ave Ste 300		Amount of Each Receipt this Period 250.00
City Shreveport	State LA	Zip Code 71101-4143
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 ▼ 1250.00	

Full Name (Last, First, Middle Initial) C. Paul Summergrad		Date of Receipt M M / D D / Y Y Y Y Y 11 / 14 / 2013 Transaction ID : C2530339
Mailing Address 800 Washington St # 1007		Amount of Each Receipt this Period 500.00
City Boston	State MA	Zip Code 02111-1552
FEC ID number of contributing federal political committee.	C	
Name of Employer Tufts Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 80
	<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

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

Full Name (Last, First, Middle Initial) A. Nicole L Thurston MD		Date of Receipt MM / DD / YYYY 08 / 20 / 2013 Transaction ID : C2501761
Mailing Address 1915 N 18th St		Amount of Each Receipt this Period 250.00
City Boise	State ID	Zip Code 83702-1034
FEC ID number of contributing federal political committee. C	Name of Employer Sage Health Care PLLC	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Nicole L Thurston MD		Date of Receipt MM / DD / YYYY 11 / 14 / 2013 Transaction ID : C2530319
Mailing Address 1915 N 18th St		Amount of Each Receipt this Period 150.00
City Boise	State ID	Zip Code 83702-1034
FEC ID number of contributing federal political committee. C	Name of Employer Sage Health Care PLLC	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Ronald C Thurston		Date of Receipt MM / DD / YYYY 11 / 14 / 2013 Transaction ID : C2530338
Mailing Address 400 Mobil Ave Ste D9		Amount of Each Receipt this Period 250.00
City Camarillo	State CA	Zip Code 93010-6376
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	

SUBTOTAL of Receipts This Page (optional).....▶	650.00
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 53 OF 80
(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. Jack L Underwood

Mailing Address 1565 Union St

City State Zip Code
Schenectady NY 12309-6022

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 ▼
450.00

Date of Receipt
 / /
 12 / 06 / 2013
Transaction ID : C2529491

Amount of Each Receipt this Period
200.00

Full Name (Last, First, Middle Initial)
B. Chandra Sheila Unni

Mailing Address 825 N Prospect Ave

City State Zip Code
Milwaukee WI 53202-3979

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 ▼
350.00

Date of Receipt
 / /
 10 / 08 / 2013
Transaction ID : C2503468

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
c. Chandra Sheila Unni

Mailing Address 825 N Prospect Ave

City State Zip Code
Milwaukee WI 53202-3979

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 ▼
350.00

Date of Receipt
 / /
 10 / 16 / 2013
Transaction ID : C2503408

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00

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: (check only one)	PAGE 54 OF 80
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Amy M Ursano

Mailing Address 101 Manning Dr

City State Zip Code
Chapel Hill NC 27514-4220

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
10 / 01 / 2013
Transaction ID : C2503451

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Shawn D. Van Gerpen

Mailing Address 4400 W. 69th St

City State Zip Code
Sioux Falls SD 57108

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

Name of Employer Occupation
Avera McKennan Hospital 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
11 / 19 / 2013
Transaction ID : C2530358

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Vanessa A Venezia

Mailing Address 424 Terrace Dr

City State Zip Code
Fairbanks AK 99712-1641

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
11 / 19 / 2013
Transaction ID : C2530382

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: (check only one)	PAGE 55 OF 80
	<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

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

A. Timothy T Vo
Full Name (Last, First, Middle Initial)

Mailing Address 2808 Maple St N

City Fargo State ND Zip Code 58102-1719

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 **10 / 16 / 2013**

Transaction ID : C2503505

Amount of Each Receipt this Period **200.00**

B. Timothy T Vo
Full Name (Last, First, Middle Initial)

Mailing Address 2808 Maple St N

City Fargo State ND Zip Code 58102-1719

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 **12 / 19 / 2013**

Transaction ID : C2529574

Amount of Each Receipt this Period **100.00**

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

Mailing Address 9601 Steilacoom Blvd. SW

City Tacoma State WA Zip Code 98498

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

Name of Employer Western State Hospital Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **11 / 14 / 2013**

Transaction ID : C2530321

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **550.00**

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: (check only one)	PAGE 56 OF 80
	<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	

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

A. John G Wallace
Full Name (Last, First, Middle Initial)

Mailing Address 17515 N Park PI N

City Shoreline	State WA	Zip Code 98133-4803
-------------------	-------------	------------------------

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

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

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
11	/	01	/	2013

Transaction ID : C2530292

Amount of Each Receipt this Period
250.00

B. Steven Jay Wein
Full Name (Last, First, Middle Initial)

Mailing Address 10 W 86th St

City New York	State NY	Zip Code 10024-3606
------------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2013

Transaction ID : C2503409

Amount of Each Receipt this Period
100.00

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

Mailing Address 1111 Park Ave

City New York	State NY	Zip Code 10128-1234
------------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2013

Transaction ID : C2530323

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	850.00
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 57 OF 80
(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. Deeann Wong

Mailing Address 345 Saxony Rd
 Ste 201

City Encinitas State CA Zip Code 92024-2787

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 M / D D D / Y Y Y Y Y Y
 09 / 11 / 2013

Transaction ID : C2501784

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. Mark S Wright

Mailing Address 1062 Wellington Way

City Lexington State KY Zip Code 40513-1200

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 M / D D D / Y Y Y Y Y Y
 11 / 19 / 2013

Transaction ID : C2530378

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Matthew Robert Zetumer

Mailing Address 13730 Nob Ave

City Del Mar State CA Zip Code 92014-3343

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
 10 / 08 / 2013

Transaction ID : C2503398

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	42395.00

**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 58 OF 80
<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. American Psychiatric Association
 Full Name (Last, First, Middle Initial)
 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 ▼
 4447.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : C2530578
 Amount of Each Receipt this Period
 508.20
 Refund of Bank Fees

B. American Psychiatric Association
 Full Name (Last, First, Middle Initial)
 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 ▼
 4447.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2013
Transaction ID : C2530867
 Amount of Each Receipt this Period
 559.27
 Refund of Bank Fees

C. American Psychiatric Association
 Full Name (Last, First, Middle Initial)
 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 ▼
 4447.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2013
Transaction ID : C2530806
 Amount of Each Receipt this Period
 340.58
 Refund of Bank Fees

SUBTOTAL of Receipts This Page (optional).....▶	1408.05
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: (check only one)	PAGE 59 OF 80
<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

Full Name (Last, First, Middle Initial) A. American Psychiatric Association		Date of Receipt M M / D D / Y Y Y Y 11 / 15 / 2013 Transaction ID : C2530595
Mailing Address 1000 Wilson Blvd Ste 1825		Amount of Each Receipt this Period 190.00
City Arlington	State Zip Code VA 22209-3924	
FEC ID number of contributing federal political committee. C		Refund of Bank Fees
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4447.43	

Full Name (Last, First, Middle Initial) B. American Psychiatric Association		Date of Receipt M M / D D / Y Y Y Y 12 / 13 / 2013 Transaction ID : C2533942
Mailing Address 1000 Wilson Blvd Ste 1825		Amount of Each Receipt this Period 652.78
City Arlington	State Zip Code VA 22209-3924	
FEC ID number of contributing federal political committee. C		Refund of Bank Fees
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4447.43	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	842.78
TOTAL This Period (last page this line number only).....▶	2250.83

**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
07 / 02 / 2013

Transaction ID : D151642

Amount of Each Disbursement this Period

307.36

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 Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2013

Transaction ID : D151643

Amount of Each Disbursement this Period

121.30

Full Name (Last, First, Middle Initial)

C. 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
08 / 02 / 2013

Transaction ID : D151646

Amount of Each Disbursement this Period

116.82

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

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

545.48

**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
Bank Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2013

Transaction ID : D151648

Amount of Each Disbursement this Period

118.84

Full Name (Last, First, Middle Initial)

B. Bank of America N.A.

Mailing Address PO Box 27025

City Richmond State VA Zip Code 23261-7025

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2013

Transaction ID : D151649

Amount of Each Disbursement this Period

203.71

Full Name (Last, First, Middle Initial)

C. Bank of America N.A.

Mailing Address PO Box 27025

City Richmond State VA Zip Code 23261-7025

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2013

Transaction ID : D151650

Amount of Each Disbursement this Period

124.47

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

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

447.02

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

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

FOR LINE NUMBER:
(check only one)

<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
10 / 02 / 2013

Transaction ID : D151653

Amount of Each Disbursement this Period

148.56

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 Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2013

Transaction ID : D151654

Amount of Each Disbursement this Period

132.07

Full Name (Last, First, Middle Initial)

C. 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
11 / 04 / 2013

Transaction ID : D151655

Amount of Each Disbursement this Period

130.05

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

410.68

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)

<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
Bank Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 15 / 2013

Transaction ID : D151656

Amount of Each Disbursement this Period

119.97

Full Name (Last, First, Middle Initial)

B. Bank of America N.A.

Mailing Address PO Box 27025

City Richmond State VA Zip Code 23261-7025

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2013

Transaction ID : D151659

Amount of Each Disbursement this Period

472.86

Full Name (Last, First, Middle Initial)

C. Bank of America N.A.

Mailing Address PO Box 27025

City Richmond State VA Zip Code 23261-7025

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2013

Transaction ID : D151660

Amount of Each Disbursement this Period

132.03

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

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

724.86

**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. Membership Marketing Services, Inc.

Mailing Address 1280 Perimeter Pkwy

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement
Federal PAC Fundraising Services

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		11		2013

Transaction ID : D151677

Amount of Each Disbursement this Period

2538.73

Category/Type

Full Name (Last, First, Middle Initial)

B. Membership Marketing Services, Inc.

Mailing Address 1280 Perimeter Pkwy

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement
Federal PAC Fundraising Services

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		19		2013

Transaction ID : D151679

Amount of Each Disbursement this Period

1668.20

Category/Type

Full Name (Last, First, Middle Initial)

C. Membership Marketing Services, Inc.

Mailing Address 1280 Perimeter Pkwy

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement
Federal PAC Fundraising Services

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		21		2013

Transaction ID : D151680

Amount of Each Disbursement this Period

3903.87

Category/Type

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

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

8110.80

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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 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. Membership Marketing Services, Inc.

Mailing Address 1280 Perimeter Pkwy

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement
Federal PAC Fundraising Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	25	/	2013

Transaction ID : D151681

Amount of Each Disbursement this Period

878.51

Full Name (Last, First, Middle Initial)

B. Membership Marketing Services, Inc.

Mailing Address 1280 Perimeter Pkwy

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement
Federal PAC Fundraising Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	24	/	2013

Transaction ID : D151682

Amount of Each Disbursement this Period

271.44

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

M M M	/	D D D	/	Y Y Y Y Y
11	/	05	/	2013

Transaction ID : D151657

Amount of Each Disbursement this Period

59.95

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

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

1209.90

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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 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. 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
12 / 03 / 2013

Transaction ID : D151658

Amount of Each Disbursement this Period

59.95

Full Name (Last, First, Middle Initial)

B. 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
09 / 04 / 2013

Transaction ID : D151651

Amount of Each Disbursement this Period

59.95

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
10 / 03 / 2013

Transaction ID : D151652

Amount of Each Disbursement this Period

59.95

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

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

179.85

**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"/> 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. 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
07 / 03 / 2013

Transaction ID : D151644

Amount of Each Disbursement this Period

59.95

Full Name (Last, First, Middle Initial)

B. 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
08 / 05 / 2013

Transaction ID : D151645

Amount of Each Disbursement this Period

59.95

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

119.90

11748.49

**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. Bill Cassidy for US Senate

Mailing Address P.O. Box 80505

City State Zip Code
Baton Rouge LA 70898

Purpose of Disbursement
Contribution

Candidate Name

William Cassidy

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2013

Transaction ID : D151636

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. DONNA CHRISTENSEN CAMPAIGN

Mailing Address PO Box 5197

City State Zip Code
St. Croix VI 00823

Purpose of Disbursement
Contribution

Candidate Name

Del. Donna M.C. Christensen

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2013

Transaction ID : D151641

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DEMOCRATS WIN SEATS (DWS PAC)

Mailing Address 1071 TWIN BRANCH LN

City State Zip Code
WESTON FL 33326

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2013

Transaction ID : D151634

Amount of Each Disbursement this Period

1000.00

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

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

3500.00

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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. PASCRELL FOR CONGRESS

Mailing Address P.O. Box 640

City Totowa State NJ Zip Code 07511

Purpose of Disbursement
Contribution

Candidate Name

Mr. William J. Pascrell Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 09

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2013

Transaction ID : D151627

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ANN WAGNER FOR CONGRESS

Mailing Address PO BOX 50

City BALLWIN State MO Zip Code 63022

Purpose of Disbursement
Contribution

Candidate Name

Rep. Ann L Wagner

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

MM / DD / YYYY
12 / 13 / 2013

Transaction ID : D151694

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BILL FLORES FOR CONGRESS

Mailing Address PO BOX 6207

City BRYAN State TX Zip Code 77805

Purpose of Disbursement
Contribution

Candidate Name

Rep. Bill Flores

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 17

Date of Disbursement

MM / DD / YYYY
12 / 13 / 2013

Transaction ID : D151695

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**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 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. BILL OWENS FOR CONGRESS

Mailing Address PO BOX 1575

City PLATTSBURGH State NY Zip Code 12901

Purpose of Disbursement
Contribution

Candidate Name

Rep. Bill Owens

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2013

Transaction ID : D151625

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CHARLIE DENT FOR CONGRESS

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement
Contribution

Candidate Name

Rep. Charlie Dent

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2013

Transaction ID : D151630

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BENISHEK FOR CONGRESS, INC.

Mailing Address PO BOX 2012

City KINGSFORD State MI Zip Code 49802

Purpose of Disbursement
Contribution

Candidate Name

Rep. Dan Benishek

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2013

Transaction ID : D151692

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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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. FRIENDS OF DAN MAFFEI

Mailing Address PO Box 74

City State Zip Code
Syracuse NY 13214

Purpose of Disbursement
Contribution

Candidate Name
Rep. Dan Maffei

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NY District: 24

Date of Disbursement

MM / DD / YYYY
12 / 13 / 2013

Transaction ID : D151688

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DAVID SCOTT FOR CONGRESS

Mailing Address P.O. BOX 960821

City State Zip Code
RIVERDALE GA 30296

Purpose of Disbursement
Contribution

Candidate Name
Rep. David Scott

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: GA District: 13

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2013

Transaction ID : D151626

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. MATSUI FOR CONGRESS

Mailing Address PO BOX 1738

City State Zip Code
SACRAMENTO CA 95812

Purpose of Disbursement
Contribution

Candidate Name
Rep. Doris Matsui

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: CA District: 06

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2013

Transaction ID : D151628

Amount of Each Disbursement this Period

1000.00

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

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

4500.00

**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 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. NAPOLITANO FOR CONGRESS

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Voided Check-Orig Dated 12/01/11

Candidate Name
Rep. Grace F. Napolitano

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: CA District: 32

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 04 / 2013

Transaction ID : D150781

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

B. JIM GERLACH FOR CONGRESS COMMITTEE

Mailing Address PO Box 87

City Uwchland State PA Zip Code 19480

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jim Gerlach

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: PA District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2013

Transaction ID : D151686

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement
Contribution

Candidate Name
Rep. Joe Pitts

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: PA District: 16

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2013

Transaction ID : D151684

Amount of Each Disbursement this Period

1000.00

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

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

1000.00

**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 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. YARMUTH FOR CONGRESS

Mailing Address 1819 BROWNSBORO ROAD

City LOUISVILLE State KY Zip Code 40202

Purpose of Disbursement
Contribution

Candidate Name

Rep. John Yarmuth

Office Sought: House
 Senate
 President
State: KY District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2013

Transaction ID : D151629

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. STUTZMAN FOR CONGRESS

Mailing Address 0250 W 600 N

City HOWE State IN Zip Code 46746

Purpose of Disbursement
Voided Check-Orig Dated 11/15/12

Candidate Name

Rep. Marlin Stutzman

Office Sought: House
 Senate
 President
State: IN District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2013

Transaction ID : D150784

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

C. MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024

Purpose of Disbursement
Contribution

Candidate Name

Rep. Marsha Blackburn

Office Sought: House
 Senate
 President
State: TN District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2013

Transaction ID : D151633

Amount of Each Disbursement this Period

2500.00

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

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

4000.00

**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 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. MIKE ROGERS FOR CONGRESS

Mailing Address 123 EAST 13TH STREET

City ANNISTON State AL Zip Code 36201

Purpose of Disbursement Contribution

Candidate Name

Rep. Mike D. Rogers

Office Sought: House Senate President

State: AL District: 03

Disbursement For: 2014 Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2013

Transaction ID : D151621

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. ROGERS FOR CONGRESS

Mailing Address PO Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement Contribution

Candidate Name

Rep. Michael J. Rogers

Office Sought: House Senate President

State: MI District: 08

Disbursement For: 2014 Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2013

Transaction ID : D151624

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement Contribution

Candidate Name

Rep. Mike Thompson

Office Sought: House Senate President

State: CA District: 05

Disbursement For: 2014 Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2013

Transaction ID : D151632

Amount of Each Disbursement this Period

2000.00

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

7500.00

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. PAUL TONKO FOR CONGRESS

Mailing Address 911 Central Avenue

City Albany State NY Zip Code 12206

Purpose of Disbursement
Voided Check-Orig Dated 01/20/12

Candidate Name

Rep. Paul Tonko

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		04		2013

Transaction ID : D150783

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

B. ROSKAM FOR CONGRESS COMMITTEE

Mailing Address P. O. Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement
Contribution

Candidate Name

Rep. Peter Roskam

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2013

Transaction ID : D151620

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. WELCH FOR CONGRESS

Mailing Address PO BOX 1682

City BURLINGTON State VT Zip Code 05402

Purpose of Disbursement
Contribution

Candidate Name

Rep. Peter Welch

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		24		2013

Transaction ID : D151631

Amount of Each Disbursement this Period

2000.00

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

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

3500.00

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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. LEVIN FOR CONGRESS

Mailing Address PO Box 37

City State Zip Code
Roseville MI 48066

Purpose of Disbursement
Contribution

Candidate Name

Rep. Sander M. Levin

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		02		2013

Transaction ID : D151619

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. DUCKWORTH FOR CONGRESS

Mailing Address P.O. BOX 59568

City State Zip Code
SCHAUMBURG IL 60159

Purpose of Disbursement
Contribution

Candidate Name

Rep. Tammy Duckworth

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		13		2013

Transaction ID : D151693

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. TIM MURPHY FOR CONGRESS

Mailing Address P.O. BOX 24551

City State Zip Code
PITTSBURGH PA 15234

Purpose of Disbursement
Contribution

Candidate Name

Rep. Tim Murphy

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		20		2013

Transaction ID : D151623

Amount of Each Disbursement this Period

2000.00

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

5000.00

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. FRIENDS OF KELLY AYOTTE

Mailing Address PO BOX 937

City MANCHESTER State NH Zip Code 31050

Purpose of Disbursement
Contribution

Candidate Name
Sen. Kelly Ayotte

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2013			

Transaction ID : D151638

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. MCCONNELL SENATE COMMITTEE '14

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement
Contribution

Candidate Name
Sen. Mitch McConnell

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: KY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			20			2013			

Transaction ID : D151622

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. WYDEN FOR SENATE

Mailing Address 232 NE 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement
Contribution

Candidate Name
Sen. Ronald L. Wyden

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: OR District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2013			

Transaction ID : D151635

Amount of Each Disbursement this Period

1500.00

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

5500.00

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. SHORE PAC

Mailing Address PO Box 3157

City State Zip Code
Long Branch NJ 07740-3157

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 13 / 2013

Transaction ID : D151687

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Stivers for Congress

Mailing Address 4679 WINTERSET DRIVE

City State Zip Code
COLUMBUS OH 43220

Purpose of Disbursement
Contribution

Candidate Name

Mr. STEVE STIVERS

Office Sought: House
 Senate
 President
State: OH District: 15

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 02 / 2013

Transaction ID : D151618

Amount of Each Disbursement this Period

1000.00

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 / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

3500.00

49000.00

**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. Eugene Becker

Mailing Address 9 Cedar Dr

City State Zip Code
Great Neck NY 11021-1954

Purpose of Disbursement
Refund of 8/7/2013 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
09	/	03	/	2013

Transaction ID : D151666

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Adeyinka Marcus

Mailing Address 1403 29th Street Nw

City State Zip Code
Calgary AB

Purpose of Disbursement
Refund of 4/23/2013 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
08	/	02	/	2013

Transaction ID : D150756

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Nicholas Meyers

Mailing Address 1000 Wilson Blvd
Ste 1825

City State Zip Code
Arlington VA 22209-3924

Purpose of Disbursement
Refund of 3/12/2013 & 11/14/2013 Contributions

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
12	/	02	/	2013

Transaction ID : D151617

Amount of Each Disbursement this Period

1000.00

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

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

1750.00

1750.00
