

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 03 01 2010 through 03 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mr. Nicholas Meyers
Signature of Treasurer Electronically Filed by Mr. Nicholas Meyers Date 04 20 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Psychiatric Association Political Action Committee

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		10244.55
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	4029.55									
(c) Total Receipts (from Line 19)	39371.25	58156.25								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	43400.80	68400.80								
7. Total Disbursements (from Line 31)	21500.00	46500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21900.80	21900.80								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

Write or Type Committee Name

American Psychiatric Association Political Action Committee

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	23830.00	32150.00
(ii) Unitemized	14541.25	22506.25
(iii) TOTAL (add Lines 11(a)(i) and (ii)	38371.25	54656.25
(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)	38371.25	54656.25
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	1000.00	3500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	39371.25	58156.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	39371.25	58156.25

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21500.00	46500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	21500.00	46500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21500.00	46500.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	38371.25	54656.25
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	38371.25	54656.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 7 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Sharon A Allen, Dr		Date of Receipt MM / DD / YYYY 03 / 21 / 2010		
	Mailing Address 4 Dante Court		Transaction ID: 7C2F7B3A01B1E018D61		
	City Pueblo	State CO	Zip Code 81001-1715	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Daniel J Anzia, Dr		Date of Receipt MM / DD / YYYY 03 / 08 / 2010		
	Mailing Address 7238 Franklin St. Apt. G		Transaction ID: 921F3CE4012B00BA0AF		
	City Forest Park	State IL	Zip Code 60130-1177	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) Anthony J Bardinelli, Dr		Date of Receipt MM / DD / YYYY 03 / 22 / 2010		
	Mailing Address 510 N Broadway		Transaction ID: 233CDD392B6A5B7EED2		
	City White Plains	State NY	Zip Code 10603-3217	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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: PAGE 8 / 25
(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

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

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

A. Full Name (Last, First, Middle Initial)
Brian Theodore Benton, Dr

Mailing Address 198 Ross Hill Road

City Lisbon State CT Zip Code 06351-2824

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

Name of Employer Self-Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 31 / 2010
Transaction ID: 126979D4BDA214E38F8
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Ronald M Burd, Dr

Mailing Address 100 4th Street South

City Fargo State ND Zip Code 58103-1929

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

Name of Employer Self-Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 08 / 2010
Transaction ID: 2E2167C0EC73286078F
Amount of Each Receipt this Period: 1000.00

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

Mailing Address 1000 Wilson Boulevard Suite 1825

City Arlington State VA Zip Code 22209-3901

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

Name of Employer APA Occupation Staff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 15 / 2010
Transaction ID: CE6A1D6404FC8C2F886
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 25

(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

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

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

A. Full Name (Last, First, Middle Initial)
Kenneth Michael Certa, Dr

Mailing Address 833 Chestnut Street Suite 210

City Philadelphia State PA Zip Code 19107-4405

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2010

Transaction ID: 3DFA03C7D322BA6744D

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
David Mark Davis, Dr

Mailing Address 20101 Southwest Birch Street Suite

City Newport Beach State CA Zip Code 92660-1749

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 25 / 2010

Transaction ID: 7119A45BE4E338DA1B7

Amount of Each Receipt this Period 500.00

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

Mailing Address 4001 Dutchmans Lane Suite 1A

City Louisville State KY Zip Code 40207-4731

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 15 / 2010

Transaction ID: 972F5C04CC11B2242EC

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 1250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Ernest Aaron Dernburg, Dr		Date of Receipt MM / DD / YYYY 03 / 25 / 2010		
	Mailing Address 2456 Bush Street		Transaction ID: 148CDD26C35C380925D		
	City San Francisco	State CA	Zip Code 94115-3106	Amount of Each Receipt this Period 350.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

B.	Full Name (Last, First, Middle Initial) Tiffany R Farchione, Dr		Date of Receipt MM / DD / YYYY 03 / 01 / 2010		
	Mailing Address 5850 Centre Avenue Apt. 204		Transaction ID: 283721F0F8A26D5F7F0		
	City Pittsburgh	State PA	Zip Code 15206-3782	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00			

C.	Full Name (Last, First, Middle Initial) Richard Lesesne Frierson, Dr		Date of Receipt MM / DD / YYYY 03 / 22 / 2010		
	Mailing Address 2738 Wheat Street		Transaction ID: FD26C0D02FC859E0E46		
	City Columbia	State SC	Zip Code 29205-2539	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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 11 / 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Benedict Leo Gierl, Dr
Mailing Address 610 S Maple Avenue Suite 3000
City State Zip Code
Oak Park IL 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 ▼ 300.00
Date of Receipt M M / D D / Y Y Y Y Y
03 / 25 / 2010
Transaction ID: B3B76181066C94063C0
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Robert George Grumer, Dr
Mailing Address 4301 S Pine Street Suite 301
City State Zip Code
Tacoma WA 98409-7206
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt M M / D D / Y Y Y Y Y
03 / 27 / 2010
Transaction ID: 817D5099D0282F6D14F
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Frank Guerra, Dr
Mailing Address 2255 S 88th Street
City State Zip Code
Louisville CO 80027-9716
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt M M / D D / Y Y Y Y Y
03 / 29 / 2010
Transaction ID: 5DB004AB96524CCE9D0
Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional) ▶ 5550.00
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 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Jeffrey W Hermann, Dr		Date of Receipt MM / DD / YYYY 03 / 18 / 2010		
	Mailing Address 730 Cricket Glen Road		Transaction ID: D631CFAB47BDDAD5783		
	City Hummelstown	State PA	Zip Code 17036-8547	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) S Arshad Husain, Dr		Date of Receipt MM / DD / YYYY 03 / 06 / 2010		
	Mailing Address 1 Hospital Drive Room 119		Transaction ID: 7B6CD0AE1B7B8842067		
	City Columbia	State MO	Zip Code 65201-5276	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Jeffrey Stuart Janofsky, Dr		Date of Receipt MM / DD / YYYY 03 / 12 / 2010		
	Mailing Address 30 E Padonia Road Suite 206		Transaction ID: 93643DC669B249B6522		
	City Timonium	State MD	Zip Code 21093-2308	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 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: PAGE 13 / 25

(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

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

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

A.

Full Name (Last, First, Middle Initial)

George Edward Kalousek, Dr

Mailing Address 11287 Ranch Pl

City State Zip Code
Denver CO 80234-2626

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

Name of Employer Self-Employed 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
03 / 01 / 2010

Transaction ID: 575450A167EE7AFF8D2

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Judith F Kashtan, Dr

Mailing Address 825 Nicollet Mall
1246 Medical Arts Building

City State Zip Code
Minneapolis MN 55402-2606

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

Name of Employer Self-Employed Occupation
Self-Employed Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 08 / 2010

Transaction ID: C7013E9FB21204C87D3

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Louis James Kraus, Dr

Mailing Address 950 Skokie Boulevard Suite 310

City State Zip Code
Northbrook IL 60062-4018

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

Name of Employer Self-Employed Occupation
Self-Employed Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 08 / 2010

Transaction ID: 1005408528A08E853B1

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1365.00

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 14 / 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Charles Alan Lester, Dr		Date of Receipt MM / DD / YYYY 03 / 21 / 2010		
	Mailing Address PO Box 678		Transaction ID: 51D9C7FD111C881B846		
	City Muskogee	State OK	Zip Code 74402-0678	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Nick Meyers		Date of Receipt MM / DD / YYYY 03 / 08 / 2010		
	Mailing Address 1000 Wilson Blvd Ste 1825		Transaction ID: 1BC742995CEFA30BEC4		
	City Arlington	State VA	Zip Code 22209-3924	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer APA	Occupation Staff			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) James Edward Nininger, Dr		Date of Receipt MM / DD / YYYY 03 / 15 / 2010		
	Mailing Address 10 E 78th Street Suite 5A		Transaction ID: 2EEF5E3916CCBE228E7		
	City New York	State NY	Zip Code 10075-1734	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

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: PAGE 15 / 25
(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

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

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

A. Full Name (Last, First, Middle Initial)
Mary Alice O'Dowd, Dr

Mailing Address 515 W End Avenue

City State Zip Code
New York NY 10024-4345

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

Name of Employer Self-Employed
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2010

Transaction ID: FCB7CABE45DC5CF3AC4

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
John M Oldham, Dr

Mailing Address 2801 Gessner Drive

City State Zip Code
Houston TX 77080-2503

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

Name of Employer The Menninger Clinic
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2010

Transaction ID: BE103F4398F2922869B

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Herbert Pardes, Dr

Mailing Address 177 Fort Washington Avenue Room 14

City State Zip Code
New York NY 10032-3733

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

Name of Employer Self-Employed
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2010

Transaction ID: EF32D7CE05E3F1E5689

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: PAGE 16 / 25

(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

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

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

A.	Full Name (Last, First, Middle Initial) Roger Peele, Dr		Date of Receipt MM / DD / YYYY 03 / 13 / 2010		
	Mailing Address 413 King Farm Boulevard Apt. 401		Transaction ID: 5ABF8F1CAF398BB3A69		
	City Rockville	State MD	Zip Code 20850-6680	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Jay M Pomerantz, Dr		Date of Receipt MM / DD / YYYY 03 / 23 / 2010		
	Mailing Address 123 Dwight Road		Transaction ID: 52210F6E3D481D8D21A		
	City Longmeadow	State MA	Zip Code 01106-1748	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Vasilis K Pozios, Dr		Date of Receipt MM / DD / YYYY 03 / 08 / 2010		
	Mailing Address 300 Massachusetts Avenue Northwest		Transaction ID: 81E06C46C0437101DC7		
	City Washington	State DC	Zip Code 20001-2642	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 25

(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

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

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

A.

Full Name (Last, First, Middle Initial)
Donald Reeves, Dr

Mailing Address 112 Raymond Avenue

City State Zip Code
South Orange NJ 07079-2340

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

Name of Employer Self-Employed Occupation
Self-Employed Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 23 / 2010

Transaction ID: B221DEACB7BA51A6D6C

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
Carolyn Bauer Robinowitz, Dr

Mailing Address 5225 Connecticut Avenue Northwest

City State Zip Code
Washington DC 20015-1813

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

Name of Employer Self-Employed Occupation
Self-Employed Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 15 / 2010

Transaction ID: AAAC79491989EE90784

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Lisa A Rone, Dr

Mailing Address 405 N Wabash Avenue Apt. 4905

City State Zip Code
Chicago IL 60611-5692

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

Name of Employer Self-Employed Occupation
Self-Employed Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 06 / 2010

Transaction ID: F12E72FF642D72D7BD8

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

1650.00

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 18 / 25
(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

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

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

A. Full Name (Last, First, Middle Initial)
Robert Jeremy Ronis, Dr

Mailing Address 2726 W Park Boulevard

City Cleveland State OH Zip Code 44120-1679

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

Name of Employer Self-Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 08 / 2010
Transaction ID: FAF8EF13F1DA12C1B70
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Franklin A Rumore, Dr

Mailing Address 2505 Samaritan Drive Suite 603

City San Jose State CA Zip Code 95124-4017

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

Name of Employer Self-Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 17 / 2010
Transaction ID: 2FB82CA25E9F3A98DEB
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Jo-Elynn M Ryall, Dr

Mailing Address 12166 Old Big Bend Road Suite 210

City Saint Louis State MO Zip Code 63122-6836

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

Name of Employer Self-Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 08 / 2010
Transaction ID: F0AD2355CA086A071AF
Amount of Each Receipt this Period 1000.00

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 19 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.

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

Mailing Address 529 Northwest 60th Street

City Gainesville State FL Zip Code 32607-2008

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
03 / 22 / 2010

Transaction ID: A86E3FCA5D20E24EB26

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Alan F Schatzberg, Dr

Mailing Address 401 Quarry Road Room 3215

City Stanford State CA Zip Code 94305-5717

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

Name of Employer Self-Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y
03 / 15 / 2010

Transaction ID: 4530C523290B5331157

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Amy E Schuett, Dr

Mailing Address 10060 Regency Circle

City Omaha State NE Zip Code 68114-3732

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
03 / 08 / 2010

Transaction ID: 014381E93A56875228A

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 25
(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

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

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

A.

Full Name (Last, First, Middle Initial)
Ramakrishnan Shenoy, Dr

Mailing Address 1309 Port Elissa Landing

City State Zip Code
Midlothian VA 23114-7154

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

Name of Employer Self-Employed Occupation
Self-Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2010

Transaction ID: 80743B1069D484A6697

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ann Marie T Sullivan, Dr

Mailing Address 14 Stuyvesant Oval Apt. 9F

City State Zip Code
New York NY 10009-2229

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

Name of Employer Self-Employed Occupation
Self-Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2010

Transaction ID: 0116A7AFE22230A0841

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Garry Martin Vickar, Dr

Mailing Address 11125 Dunn Road Suite 213

City State Zip Code
Saint Louis MO 63136-6132

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2010

Transaction ID: F18776644619688576F

Amount of Each Receipt this Period
1000.00

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 21 / 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Gary Stephen Weinstein, Dr	Date of Receipt MM / DD / YYYY 03 / 18 / 2010
	Mailing Address 105 Lyndon Ln # B	Transaction ID: 610267844F2794AE090
	City State Zip Code Louisville KY 40222-5550	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) John J Wernert, Dr	Date of Receipt MM / DD / YYYY 03 / 08 / 2010
	Mailing Address 1099 N Meridian St Ste 320	Transaction ID: BD5F700176D117ABC2E
	City State Zip Code Indianapolis IN 46204-1038	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) William M Womack, Dr	Date of Receipt MM / DD / YYYY 03 / 23 / 2010
	Mailing Address 2923 E Harrison Street	Transaction ID: 1506A18B2CCCCB9E5B27
	City State Zip Code Seattle WA 98112-4837	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	1865.00
TOTAL This Period (last page this line number only)	23830.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 22 / 25	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial)
Friends of Patrick J. Kennedy Inc.

Mailing Address PO Box 321

City State Zip Code
Pawtucket RI 02860

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 2010

Transaction ID: A98BEF458318D4BE278

Amount of Each Receipt this Period
1000.00

Refund of Contribution -
No Longer Running

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
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

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

<p>A. Full Name (Last, First, Middle Initial) Ameripac: the Fund for a Greater America</p> <p>Mailing Address 607 14th Street, NW, Suite 800 --</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Ameripac: the Fund for a Greater America</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: B1B6FCD2AD2BB926327</p> <p>Date of Disbursement 03 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Berkley for Congress</p> <p>Mailing Address 3069 Conquista Court</p> <p>City Las Vegas State NV Zip Code 89121</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Shelley Berkley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: F2F39BA6DB517D8A407</p> <p>Date of Disbursement 03 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Cantor for Congress</p> <p>Mailing Address PO Box 17813</p> <p>City Richmond State VA Zip Code 23226</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Eric I. Cantor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 374C01DE6073BCE497E</p> <p>Date of Disbursement 03 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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)

PAGE 24 / 25

<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

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

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

A. Full Name (Last, First, Middle Initial) Dan Seals for Congress <hr/> Mailing Address PO Box 584 <hr/> City Wilmette State IL Zip Code 60091 <hr/> Purpose of Disbursement 2010 General Candidate Name Daniel Joseph Seals <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 10	Transaction ID: 1A2C2AC6D579B344C4C Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Matheson for Congress <hr/> Mailing Address PO Box 521048 Suite A <hr/> City Salt Lake City State UT Zip Code 84152 <hr/> Purpose of Disbursement 2010 General Candidate Name Jim Matheson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District: 02	Transaction ID: 20398282442E1D15E77 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Pat Meehan for Congress <hr/> Mailing Address 5035 Township Line Road PO Box 308 <hr/> City Drexel Hill State PA Zip Code 19026 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Patrick L. Meehan <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 07	Transaction ID: 933968E2CE7692BEE72 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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)

PAGE 25 / 25

<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

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

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

A. Full Name (Last, First, Middle Initial) Richard Burr Committee; the <hr/> Mailing Address Post Office Box 5928 <hr/> City Winston-Salem State NC Zip Code 27113 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Richard M. Burr <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D3A9668B5DBB763203A Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Richard Burr Committee; the <hr/> Mailing Address Post Office Box 5928 <hr/> City Winston-Salem State NC Zip Code 27113 <hr/> Purpose of Disbursement 2010 General Candidate Name Richard M. Burr <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: E1F6ED2DD5B8296748F Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Richard E Neal for Congress Committee <hr/> Mailing Address 76 Magnolia Terrace <hr/> City Springfield State MA Zip Code 01108 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Richard E. Neal <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 777855ED3D533644E37 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

21500.00