



**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="2016"/>		<input type="text" value="108112.71"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="108112.71"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="23572.67"/>	<input type="text" value="23572.67"/>
(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="131685.38"/>	<input type="text" value="131685.38"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="21338.23"/>	<input type="text" value="21338.23"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="110347.15"/>	<input type="text" value="110347.15"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**American Psychiatric Association Political Action Committee**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17375.00	17375.00
(ii) Unitemized .....	6197.67	6197.67
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	23572.67	23572.67
(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) .....	23572.67	23572.67
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total 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))..... ▶	23572.67	23572.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	23572.67	23572.67

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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 .....	338.23	338.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	338.23	338.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21000.00	21000.00
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 .....	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) 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)) ..	21338.23	21338.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21338.23	21338.23

**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) .....	23572.67	23572.67
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23572.67	23572.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	338.23	338.23
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	338.23	338.23

**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 19
	<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. James Robert Batterson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2401 Gillham Rd  
 City Kansas City State MO Zip Code 64108-4619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Children's Mercy Hospital Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 27 / 2016**  
**Transaction ID : C3258188**  
 Amount of Each Receipt this Period **1000.00**

**B. Frank W Brown MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1899 E Gate Dr  
 City Stone Mtn State GA Zip Code 30087-1912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emory University Medical Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 13 / 2016**  
**Transaction ID : C3257879**  
 Amount of Each Receipt this Period **1000.00**

**C. Adria M Carney MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4782 Tonino Dr  
 City San Jose State CA Zip Code 95136-2669  
 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 **01 / 13 / 2016**  
**Transaction ID : C3257916**  
 Amount of Each Receipt this Period **250.00**

**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:	PAGE 7 OF 19
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<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**

Full Name (Last, First, Middle Initial)  
**A. Norman Alan Chapman MD**

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 ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 19 / 2016  
**Transaction ID : C3257882**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. L Rodger Currie**

Mailing Address 1000 Wilson Blvd.  
Suite 1825

City State Zip Code  
Arlington VA 22207

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

Name of Employer Occupation  
American Psychiatric Association Chief of Government Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.66

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 15 / 2016  
**Transaction ID : C3257962**

Amount of Each Receipt this Period  
416.66

Full Name (Last, First, Middle Initial)  
**C. Yoshie Davison**

Mailing Address 1046 Wilson Blvd  
Ste 1825

City State Zip Code  
Arlington VA 22209-2202

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

Name of Employer Occupation  
American Psychiatric Association Deputy Director, Leadership & Advocacy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 27 / 2016  
**Transaction ID : C3258407**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1166.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 19  
(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. John L Dupre MD**

Mailing Address 192 Grand View Ave

City San Francisco State CA Zip Code 94114-2732

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

Name of Employer Self Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **01 / 16 / 2016**

**Transaction ID : C3257876**

Amount of Each Receipt this Period **250.00**

Full Name (Last, First, Middle Initial)  
**B. Kurt Lawrence Fox MD**

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 ▼ **250.00**

Date of Receipt **01 / 30 / 2016**

**Transaction ID : C3257825**

Amount of Each Receipt this Period **250.00**

Full Name (Last, First, Middle Initial)  
**C. Michael Arthur Gales MD**

Mailing Address 11847 Wilshire Blvd Ste 303

City Los Angeles State CA Zip Code 90025-6634

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

Name of Employer Self Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **01 / 30 / 2016**

**Transaction ID : C3257846**

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 9 OF 19  
(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. Henry Jay Gault MD**

Mailing Address 770 Lake Cook Rd Ste 250

City Deerfield	State IL	Zip Code 60015-4976
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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
01	/	04	/	2016

**Transaction ID : C3257828**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Karen G Gennaro MD**

Mailing Address 5 Westerleigh Ct

City Purchase	State NY	Zip Code 10577-2520
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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
01	/	06	/	2016

**Transaction ID : C3257897**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Jose Antonio Gonzalez MD**

Mailing Address 87 Gorman Rd

City Albany	State NY	Zip Code 12204-1229
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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
01	/	04	/	2016

**Transaction ID : C3257869**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> 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 19
	<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. William M Greenberg MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Old Pomona Rd  
 City Suffern State NY Zip Code 10901-1737  
 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  
 01 / 27 / 2016  
**Transaction ID : C3257970**  
 Amount of Each Receipt this Period  
 250.00

**B. Roger L Greiger MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Evelyn Rd  
 City Waban State MA Zip Code 02468-1021  
 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  
 01 / 06 / 2016  
**Transaction ID : C3257957**  
 Amount of Each Receipt this Period  
 250.00

**C. Jeffrey W Hermann MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 730 Cricket Glen Rd  
 City Hummelstown State PA Zip Code 17036-8547  
 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  
 01 / 30 / 2016  
**Transaction ID : C3257900**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 19  
(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. Christina Lee Herring MD**

Mailing Address 1030 E Lancaster Ave Apt L6

City State Zip Code  
 Bryn Mawr PA 19010-1459

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 ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 13 / 2016  
**Transaction ID : C3257845**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Saul Marc Levin MD, MPA**

Mailing Address 2351 Champlain St NW Ph 4

City State Zip Code  
 Washington DC 20009-7240

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 / D D / Y Y Y Y Y Y  
 01 / 20 / 2016  
**Transaction ID : C3258976**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**C. David Charles Lindy MD**

Mailing Address 685 W End Ave Ste 1AF

City State Zip Code  
 New York NY 10025-6819

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 / D D / Y Y Y Y Y Y  
 01 / 06 / 2016  
**Transaction ID : C3257870**

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 12 OF 19
<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) <b>A. Glenn Andrew Martin MD</b>		Date of Receipt 01 / 27 / 2016 <b>Transaction ID : C3258404</b>
Mailing Address 1 Ascan Ave Apt 24		Amount of Each Receipt this Period 1000.00
City Forest Hills	State NY	Zip Code 11375-6084
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Theresa M Miskimen MD</b>		Date of Receipt 01 / 27 / 2016 <b>Transaction ID : C3258406</b>
Mailing Address 671 Hoes Ln W		Amount of Each Receipt this Period 1000.00
City Piscataway	State NJ	Zip Code 08854-8021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Rutgers 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	

Full Name (Last, First, Middle Initial) <b>C. Elizabeth Ann Morrison MD</b>		Date of Receipt 01 / 28 / 2016 <b>Transaction ID : C3257873</b>
Mailing Address 4701 Willard Ave Ste 212		Amount of Each Receipt this Period 500.00
City Chevy Chase	State MD	Zip Code 20815-4607
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> 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 OF 19  
(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. Joseph C Napoli MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2185 Lemoine Ave  
 City State Zip Code  
 Fort Lee NJ 07024-6036  
 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 / D D / Y Y Y Y Y Y  
 01 / 27 / 2016  
**Transaction ID : C3258405**  
 Amount of Each Receipt this Period  
 250.00

**B. Paul J O'Leary MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4461 Clairmont Ave S  
 City State Zip Code  
 Birmingham AL 35222-3727  
 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 ▼  
 208.34

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 06 / 2016  
**Transaction ID : C3257947**  
 Amount of Each Receipt this Period  
 208.34

**C. Cleopatra Ortiz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1465  
 City State Zip Code  
 West Palm Bch FL 33402-1465  
 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 / D D / Y Y Y Y Y Y  
 01 / 11 / 2016  
**Transaction ID : C3257895**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 708.34  
**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 OF 19
<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. Charles S Price MD**

Mailing Address 313 Flint St

City Reno State NV Zip Code 89501-2005

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 M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : C3257894**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**B. Gail Ross MD**

Mailing Address PO Box 3200

City Laguna Hills State CA Zip Code 92654-3200

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  
 01 / 16 / 2016  
**Transaction ID : C3257850**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Jo-Eilyn M Ryall**

Mailing Address 10 Ladue Crest Ln

City Saint Louis State MO Zip Code 63124-1543

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  
 01 / 30 / 2016  
**Transaction ID : C3257835**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5500.00
<b>TOTAL</b> 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 19
	<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. Randie Schacter-Fitzgerald DO**  
Full Name (Last, First, Middle Initial)

Mailing Address 212 W Matthews St Ste 106

City State Zip Code  
Matthews NC 28105-5442

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  
01 / 15 / 2016  
**Transaction ID : C3257904**

Amount of Each Receipt this Period  
250.00

**B. Barbara Yates Weissman MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2000 Alameda De Las Pulgas Ste 240

City State Zip Code  
San Mateo CA 94403-1271

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  
01 / 06 / 2016  
**Transaction ID : C3257893**

Amount of Each Receipt this Period  
250.00

**C. John J Wernert MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1776 Summerlakes Ct

City State Zip Code  
Carmel IN 46032-9679

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

Name of Employer Occupation  
Indiana Geriatric Associates President

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  
01 / 27 / 2016  
**Transaction ID : C3257971**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	17375.00

**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 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) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 04 / 2016

**Transaction ID : D171028**

Amount of Each Disbursement this Period

82.36

Category/  
Type

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) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2016

**Transaction ID : D171029**

Amount of Each Disbursement this Period

195.92

Category/  
Type

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) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Category/  
Type

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

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

278.28

278.28



**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

**Sen. William Cassidy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: LA District:

Date of Disbursement

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

**Transaction ID : D171035**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF ERIK PAULSEN**

Mailing Address P.O. BOX 44369

City State Zip Code  
EDEN PRAIRIE MN 55344

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Erik Paulsen**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	1	6

**Transaction ID : D171032**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. GENE GREEN CONGRESSIONAL CAMPAIGN**

Mailing Address PO BOX 16128

City State Zip Code  
HOUSTON TX 77222

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. RAYMOND E. 'GENE' GREEN**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 29

Date of Disbursement

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

**Transaction ID : D171033**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

1	0	0	0	0	0	0	0	0	0
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0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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. KEVIN MCCARTHY FOR CONGRESS**

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement Contribution

Candidate Name  
**Rep. Kevin McCarthy**

Office Sought:  House  Senate  President  
State: CA District: 23

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 21 / 2016

Transaction ID : D171037

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. BUCSHON FOR CONGRESS**

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement Contribution

Candidate Name  
**Larry D. Bucshon**

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

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 21 / 2016

Transaction ID : D171036

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**C. RYAN FOR CONGRESS**

Mailing Address PO Box 1919

City Janesville State WI Zip Code 53547

Purpose of Disbursement Contribution

Candidate Name  
**Rep. Paul D. Ryan**

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

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 21 / 2016

Transaction ID : D171034

Amount of Each Disbursement this Period

2500.00

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

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

8500.00

# 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. FRIENDS OF TODD YOUNG

Mailing Address PO BOX 1053

City BLOOMINGTON State IN Zip Code 47402

Purpose of Disbursement  
Contribution

Candidate Name

**TODD CHRISTOPHER YOUNG**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IN District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	4		2	0	1	6		

Transaction ID : D171031

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

## B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

## C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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)..... ▶

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

2	1	0	0	.	0	0
---	---	---	---	---	---	---