PAGE 1 / 19

FEC FORM 3X	A	ND [DISBL	F REC JRSEN Authorized	ЛЕМТ	s		Office Use On	ly
1. NAME OF COMMITTEE (in fu		e or pr	RINT V		mple: If typ r the lines.	ing, type	12FE4M5		·
American Psych		ociatio	on Politic			ee			
ADDRESS (number and		000 Wilso	on Boulevard	1 					
Check if different than previously reported. (ACC	ent	Arlington					VA	22209	
2. FEC IDENTIFICA	TION NUMB	ER 🔻		CITY 🔺		S		ZIP	
C C00373696				3. IS THIS REPORT		NEW (N) OR	AM (A)	ENDED	
 TYPE OF REPC (Choose One) (a) Quarterly Repo 		(b) Month Repoi Due (rt 🔼	Feb 20 (M2) Mar 20 (M3)		May 20 (M5) Jun 20 (M6)		20 (M8) 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15				Apr 20 (M4)		Jul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
July 15	Report (Q1) Report (Q2) 5	1	12-Day PRE -Election Report for th		Primary (12 Convention		General(Special(Runoff (12R)
January 3	Report (Q3) 1 Report (YE)		E	lection on	M M /	D D /	Y Y Y Y Y	in th Stat	ne of
July 31 Mi Report (No Year Only)	on-election	1	30-Day POST -Electi Report for th		General (30	G)	Runoff (3	0R)	Special (30S)
Terminatio (TER)	n Report			lection on	M M /	D = D /	Y = Y = Y = Y	in th Stat	
5. Covering Period	0 <u>1</u>	01)16	through	01_	/ D D / 31	y y y 2016	Ŷ
I certify that I have exa Type or Print Name of		eport and Ashley Mil		st of my know	wledge and	belief it is true	e, correct and	I complete.	
Signature of Treasurer	Ashley Mit	ld			[Electronical	ly Filed] Di	ate 02	/ D D 19	2016
NOTE: Submission of fal	se, erroneous	, or incor	nplete inforr	nation may su	bject the pe	rson signing th	is Report to th	e penalties of	2 U.S.C. §437g.
Office Use Only									DRM 3X 2/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

	FEC Form 3X (Rev. 02/2003))
Write	or Type Committee Name	

American Psychiatric Association Political Action Committee

R	eport Covering the Period: From: 01	01 2016 To	b: 01 / 01 / 91 91 9 01 31 2016
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		108112.71
	(b) Cash on Hand at Beginning of Reporting Period	108112.71	
	(c) Total Receipts (from Line 19)	23572.67	23572.67
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	131685.38	131685.38
7.	Total Disbursements (from Line 31)	21338.23	21338.23
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	110347.15	110347.15
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

X

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Psychiatric Association Political Action Committee

Report Covering the Period: From: 01		To: 01 31 2016
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	47075.00	17375.00
(i) Itemized (use Schedule A)	17375.00	7 7 7
(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		7 7
(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
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
I. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts	7 7	
(Dividends, Interest, etc.)	0.00	0.00
 Transfers from Non-Federal and Levin Funds 	7 7	
(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
., ,	0.00	
12, 13, 14, 15, 16, 17, and 18(c))	23572.67	23572.67
). Total Federal Receipts	00570.07	00570.07
(subtract Line 18(c) from Line 19) ►	23572.67	23572.67

I

DETAILED SUMMARY PAGE

		COLUMN A	COLUMN B			
	II. Disbursements	Total This Period	Calendar Year-to-Date			
1. Op (a)	Derating Expenditures: 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)						
	(add 21(a)(i), (a)(ii), and (b))▶	338.23	338.23			
2. Tra	ansfers to Affiliated/Other Party					
	ommitteesontributions to	0.00	0.00			
Fe	deral Candidates/Committees d Other Political Committees	21000.00	21000.00			
	dependent Expenditures	0.00				
(us	se Schedule E) pordinated Party Expenditures	0.00	0.00			
, (2	U.S.C. §441a(d)) se Schedule F)	0.00				
(us	se Schedule F)	0.00	0.00			
		0.00	0.00			
. Lo	an Repayments Made	0.00	0.00			
1.0	ana Mada	0.00	0.00			
	ans Made funds of Contributions To:	0.00				
(a)	Individuals/Persons Other	0.00	0.00			
	Than Political Committees	0.00				
(b)	Political Party Committees	0.00	0.00			
(b) (c)						
(0)	(such as PACs)	0.00	0.00			
			7 7			
(d)	Total Contribution Refunds					
()	(add Lines 28(a), (b), and (c)) ►	0.00	0.00			
. Ot	her Disbursements	0.00	0.00			
Fo	deral Election Activity (2 U.S.C. §431(20))					
. ге (а)						
(u)	(from Schedule H6)					
	(i) Federal Share	0.00	0.00			
	·····					
	(ii) "Levin" Share	0.00	0.00			
(b)						
	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			
	tal Disbursements (add Lines 21(c), 22,					
23	, 24, 25, 26, 27, 28(d), 29 and 30(c))	21338.23	21338.23			
	tal Federal Disbursements					
	ubtract Line 21(a)(ii) and Line 30(a)(ii)					
fro	m Line 31)	21338.23	21338.23			

FE6AN026

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	23572.67	23572.67
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	23572.67	23572.67
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	338.23	338.23
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	338.23	338.23

FE6AN026

FOR LINE NUMBER:

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PAGE 6 OF

			Detailed Summary Page		11a 13	\vdash	11b	11c		12 16	17								
An or	y information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and a	y not be sold or used by any p ddress of any political committe	erson fo	or the	l purj htrib	pose of s	soliciting	cont	tributi	ons								
<u>,</u>	NAME OF COMMITTEE (In Full)			0.000	.512 001														
\rangle	American Psychiatric Associatio	on Politica	al Action Committee																
A.	Full Name (Last, First, Middle Initial) James Robert Batterson MD			Date of	Re	eceipt													
	Mailing Address 2401 Gillham Rd				01 / Y Y Y Y Y 01 27 2016														
	City	State	Zip Code		Trans	acti	ion ID : C	325818	8										
	Kansas City	MO	64108-4619	A	mount	of	Each Re	ceipt th	is Pe	riod									
	FEC ID number of contributing federal political committee.	С					,	9	1	000.0	00								
	Name of Employer	Occupation																	
	Children's Mercy Hospital	Physician																	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼																
	Other (specify)		1000.00]															
в.	Full Name (Last, First, Middle Initial) Frank W Brown MD				Date of	Re	eceipt												
	Mailing Address 1899 E Gate Dr	Address 1899 E Gate Dr							01 13 2016										
	City	State	Zip Code		Trans	acti	ion ID : C	325787	9										
	Stone Mtn	GA	30087-1912	A	mount	of	Each Re	ceipt th	is Pe	riod									
	FEC ID number of contributing federal political committee.	С					7	7	1	000.0	00								
	Name of Employer Emory University Medical Center	Occupation Physician																	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]															
с.	Full Name (Last, First, Middle Initial) Adria M Carney MD				Date of	Re	eceipt												
	Mailing Address 4782 Tonino Dr				м м 01	1	D D 13	/ Y	y 201		Y								
	City San Jose	State CA	Zip Code 95136-2669				ion ID : C												
	San Jose	UA	30130-2003	A	mount	of	Each Re	ceipt th	is Pe	riod									
	FEC ID number of contributing federal political committee.	С					,		_	250.	00								
	Name of Employer	Occupation																	
	Self Employed	Physician																	
	Receipt For:	Aggregate	Year-to-Date ▼																
	Primary General Other (specify) ▼		250.00]															
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PAGE

7 OF

			for each category of the Detailed Summary Page		-		11b	11c		12	
	y information copied from such Reports and St for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) American Psychiatric Associatio	n Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Norman Alan Chapman MD Mailing Address 420 Lake Cook Rd Ste 115				Date o		D			Ŷ	Y
	City	State	Zip Code	-	01 Trans	acti	19 Ion ID) : C32578		016	
	Deerfield	IL	60015-4914				-	Receipt t		'eriod	
	FEC ID number of contributing federal political committee.	С					7			250	.00
	Name of Employer Self Employed	Occupation Physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
в.	Full Name (Last, First, Middle Initial) L Rodger Currie				Date o	f Re	eceipt				
	Mailing Address 1000 Wilson Blvd. Suite 1825				M M 01	/	D 15		20) 16	Y
	City	State VA	Zip Code 22207					C32579			
	Arlington FEC ID number of contributing federal political committee.	C			Amoun	t of	Each	Receipt t	nis P	416	.66
	Name of Employer American Psychiatric Association	Occupation Chief of Gov	vernment Relations								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.66								
<u>с.</u>	Full Name (Last, First, Middle Initial) Yoshie Davison				Date o	f Re	ceipt				
	Mailing Address 1046 Wilson Blvd Ste 1825	-			м м 01	/	27			у 016	Y
	City Arlington	State VA	Zip Code 22209-2202					: C32584 Receipt t		Period	
	FEC ID number of contributing federal political committee.	С			Amoun		,			500	.00
	Name of Employer	Occupation		_							
	American Psychiatric Association	Deputy Dire	ector, Leadership & Advocacy								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		500.00								
s	UBTOTAL of Receipts This Page (optional)		••••••	•			7			1166.	66
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PAGE

8 OF

			Detailed Summary Page		11a		11b	11c		12					
٨٣	y information copied from such Reports and S	tatomonto mo	av not be cold or used by any n		13		14	15 soliciting		16 atribut	17				
or	for commercial purposes, other than using the	name and a	ddress of any political committee	erson t e to so	licit cor	ntrib	pose of outions f	rom such		mmitte	ions ee.				
	NAME OF COMMITTEE (In Full)					_			_						
\sum	American Psychiatric Association	on Politica	al Action Committee												
Α.	Full Name (Last, First, Middle Initial) John L Dupre MD				Date of	Re	eceipt								
	Mailing Address 192 Grand View Ave			01 / D = D / Y = Y = Y = Y 01 16 2016											
	City	State	Zip Code		Trans	act	ion ID :	C325787	6						
	San Francisco	CA	94114-2732	/	Amount	of	Each R	eceipt thi	is P	eriod					
	FEC ID number of contributing federal political committee.	С					7			250	.00				
	Name of Employer Self Employed	Occupation Physician													
	Receipt For:		Vear-to Data T	_											
	Primary General Other (specify)	Ayyregate	Year-to-Date ▼ 250.00												
В.	Full Name (Last, First, Middle Initial) Kurt Lawrence Fox MD				Date of	Re	eceipt								
	Mailing Address PO Box 39				м м 01	/	D D D 30	/ Y) 16	Y				
	City	State	Zip Code		Trans	acti	ion ID :	C325782							
	Avon	MN	56310-0039	/	Amount	t of	Each R	eceipt thi	is P	eriod					
	FEC ID number of contributing federal political committee.	С					7	7		250.	00				
	Name of Employer St. Cloud VA Medical Center	Occupation Physician													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00												
с.	Full Name (Last, First, Middle Initial) Michael Arthur Gales MD				Date of	Re	eceipt								
	Mailing Address 11847 Wilshire Blvd Ste 303				м м 01	/	30	/ Y)16	Y				
	City	State	Zip Code		Trans	act	ion ID :	C325784	6						
	Los Angeles	CA	90025-6634	/	Amount	t of	Each R	eceipt thi	is P	eriod					
	FEC ID number of contributing federal political committee.	С					,			250	.00				
	Name of Employer	Occupation		_											
	Self Employed	Physician													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General			11											
	Other (specify)		250.00												
s	UBTOTAL of Receipts This Page (optional)						,	- 7		750.	00				
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\backslash	NAME OF COMMITTEE (In Full)										
	American Psychiatric Associati	on Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Henry Jay Gault MD				Date of	Re	ceipt				
	Mailing Address 770 Lake Cook Rd Ste 250				м м 01	/	04) / Y) 16	Y
	City	State	Zip Code		Trans	acti	on ID :	C32578			
	Deerfield	IL	60015-4976		Amount	of	Each R	leceipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	С					9		_	250.	.00
	Name of Employer	Occupation	1								
	Self Employed Receipt For:	Physician		_							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		250.00	4							
в.	Full Name (Last, First, Middle Initial) Karen G Gennaro MD	1			Date of	Re	ceipt				
	Mailing Address 5 Westerleigh Ct				M M	/	06	/ Y		16	Y
	City	State	Zip Code			acti		C32578			
	Purchase	NY	10577-2520		Amount	of	Each R	leceipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.		250.00								
	Name of Employer Self Employed	Occupation Physician	I								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			11.							
	Other (specify)	L	250.00	4							
с.	Full Name (Last, First, Middle Initial) Jose Antonio Gonzalez MD				Date of	Re	ceipt				
	Mailing Address 87 Gorman Rd				м м 01	/	04) / Y) 16	Y
	City	State	Zip Code		Trans	acti	on ID :	C32578	69		
	Albany	NY	12204-1229	'	Amount	of	Each R	leceipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	С					,	7	_	250	.00
	Name of Employer	Occupation	1								
	Self Employed	Physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		250.00	11.							
	Other (specify)		250.00								
s	UBTOTAL of Receipts This Page (optional)						7		_	750.	00
т	OTAL This Period (last page this line number	only)		•			,	7			

FOR LINE NUMBER:

(check only one)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	
	and Statements may not be sold or used by any point of the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Psychiatric Assoc	ciation Political Action Committee	
Full Name (Last, First, Middle Initial) A. William M Greenberg MD Mailing Address 14 Old Pomona Rd		Date of Receipt
City	State Zip Code	01 27 2016 Transaction ID : C3257970
Suffern	NY 10901-1737	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	250.00	1
Full Name (Last, First, Middle Initial) B. Roger L Greiger MD		Date of Receipt
Mailing Address 100 Evelyn Rd		01 06 2016
City	State Zip Code	Transaction ID : C3257957
Waban	MA 02468-1021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Jeffrey W Hermann MD		Date of Receipt
Mailing Address 730 Cricket Glen Rd		01 30 / Y Y Y Y
City Hummelstown	State Zip Code PA 17036-8547	Transaction ID : C3257900 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	250.00]
SUBTOTAL of Receipts This Page (option	al)	750.00
TOTAL This Period (last page this line nu	mber only)	

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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	•	Use separate schedule(s)	(check	only o	ne)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11	a 🗌	11b 14	11c 15	12	17		
Any information copied from such Rep or for commercial purposes, other that			person for t		rpose of	soliciting	g contribu	tions		
NAME OF COMMITTEE (In Full)										
American Psychiatric As	sociation Politica	al Action Committee								
Full Name (Last, First, Middle Initia Christina Lee Herring MD	l)		Date	of R	eceipt					
Mailing Address 1030 E Lancaster	Ave Apt L6		0		/ D D 13	/ Y	ү ү 2016	Y		
City	State	Zip Code			tion ID :	C325784				
Bryn Mawr	PA	19010-1459	Amo	unt of	Each R	eceipt th	nis Period			
FEC ID number of contributing federal political committee.	C				7		250	.00		
Name of Employer	Occupation	1								
Self Employed	Physician									
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		250.00								
Full Name (Last, First, Middle Initia B. Saul Marc Levin MD, MPA	l)		Date	of R	eceipt					
Mailing Address 2351 Champlain S	NW Ph 4		0		20	/ Y	y y 2016	Y		
City	State	Zip Code	Tra	insact	tion ID : (C325897	<u>'6</u>			
Washington	DC	20009-7240	Amo	unt of	Each R	eceipt th	nis Period			
FEC ID number of contributing federal political committee.	C				7	,	1000	.00		
Name of Employer Self Employed	Occupation Physician									
Receipt For:		Year-to-Date ▼								
Primary General Other (specify) ▼		1000.00]							
Full Name (Last, First, Middle Initia C. David Charles Lindy MD	l)		Date	of R	eceipt					
Mailing Address 685 W End Ave St	e 1AF		O O		06	/ Y	2016	Y		
City	State	Zip Code	Tra	ansac	tion ID :	C325787	70			
New York	NY	10025-6819	Amo	unt of	Each R	eceipt th	nis Period			
FEC ID number of contributing federal political committee.	C				7	3	250	0.00		
Name of Employer	Occupation									
Self Employed	Physician									
Receipt For:	Aggregate	Year-to-Date ▼	_							
Other (specify)		250.00								
SUBTOTAL of Receipts This Page (optional)				л. Л.	- 7	1500	.00		
TOTAL This Period (last page this lir	e number only)				,					

SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(ch	heck only one)							
IILIVIIZED NEVEIPIƏ		for each category of the Detailed Summary Page		< 11a 13		11b	11c 15	12	17		
Any information copied from such Reports a or for commercial purposes, other than using				for the	purpo	ose of	soliciting	g contribu	utions		
NAME OF COMMITTEE (In Full) American Psychiatric Associ	ation Politica	al Action Committee									
/											
Full Name (Last, First, Middle Initial) A. Glenn Andrew Martin MD				Date of	Rec	eipt					
Mailing Address 1 Ascan Ave Apt 24				0.1	/	D D D 27	/ Y	у у 2016	Y		
City	State	Zip Code			actio		C325840				
Forest Hills	NY	11375-6084		Amount	of E	Each Re	eceipt th	is Period	b		
FEC ID number of contributing federal political committee.	C				,	,		100	0.00		
Name of Employer	Occupation										
Self Employed	Physician										
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		1000.00									
Full Name (Last, First, Middle Initial) B. Theresa M Miskimen MD				Date of	Bec	eint					
Mailing Address 671 Hoes Ln W				01	/	27	/ Y	2016	Y		
City	State	Zip Code			actio		325840				
Piscataway	NJ	08854-8021		Amount	of E	Each Re	eceipt th	is Period	d		
FEC ID number of contributing federal political committee.	C				. ,	,		1000	0.00		
Name of Employer Rutgers Medical Center	Occupation										
Receipt For:	Physician										
Primary General	Aggregate	Year-to-Date ▼									
Other (specify)		1000.00									
Full Name (Last, First, Middle Initial) C. Elizabeth Ann Morrison MD				Date of	Rec	eipt					
Mailing Address 4701 Willard Ave Ste 212	2			01	/	28	/ Y	2016	Y		
City	State	Zip Code		Trans	actic	on ID : (C325787	73			
Chevy Chase	MD	20815-4607		Amount	of E	Each Re	eceipt th	is Period	b		
FEC ID number of contributing federal political committee.	C				,	,		50	0.00		
Name of Employer	Occupation										
Self Employed	Physician										
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		500.00									
SUBTOTAL of Receipts This Page (optiona	l)		▶			,	- 1	2500	0.00		
TOTAL This Period (last page this line num	ber only)										

FOR LINE NUMBER:

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PAGE 13 OF

			Detailed Summary Page		11a		11b 14	\vdash	11c		12 16	17
	y information copied from such Reports and for commercial purposes, other than using the				for the		pose (oliciting		ntribut	ions
	NAME OF COMMITTEE (In Full)											
	American Psychiatric Associati	ion Politica	al Action Committee									
Full Name (Last, First, Middle Initial) A. Joseph C Napoli MD							eceipt					
	Mailing Address 2185 Lemoine Ave				01	/	2		/ Y) 16	Y
	City Fort Lee	State NJ	Zip Code 07024-6036				-		325840	-		
	FEC ID number of contributing federal political committee.	С			Amount	: OT	Each	Re	ceipt th	IS P	eriod 250.	00
	Name of Employer Self Employed	Occupation Physician										
	Receipt For:		Year-to-Date ▼									
	Primary General Other (specify) ▼		250.00									
	Full Name (Last, First, Middle Initial) Paul J O'Leary MD	1			Date of	Re	ceipt					
	Mailing Address 4461 Clairmont Ave S				01	/	0	D 16	/ Y	ү 20	16	Y
	City	State	Zip Code						325794			
	Birmingham	AL	35222-3727	_	Amount	of	Each	Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С				_	,		7	_	208.	34
	Name of Employer Self Employed	Occupation Physician										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.34									
с.	Full Name (Last, First, Middle Initial) Cleopatra Ortiz MD	1			Date of	Re	ceipt					
	Mailing Address PO Box 1465				01	/	D 1	D 1	/ Y		16	Y
	City West Palm Bch	State FL	Zip Code 33402-1465	-	Trans Amount				325789		oriod	
	FEC ID number of contributing federal political committee.	С			Amouni	. 01	1 J	ne	, teipt th		250	.00
	Name of Employer	Occupation										
	Self Employed	Physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		250.00									
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			<u> </u>			7		3		708.	34

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PAGE 14 OF

ITEMIZED RECEIPTS		Detailed Summary Page		< 11a 13		11b	11c		12	47
Any information copied from such Re or for commercial purposes, other th				for the						
NAME OF COMMITTEE (In Full) American Psychiatric A										
A. Full Name (Last, First, Middle Init Charles S Price MD Mailing Address 313 Flint St		Date of	Re ⁄	ceipt	/ 4		Y	Y		
City Reno	State NV	Zip Code 89501-2005		01 Trans Amount		01 on ID : Each B		94	016 Period	
FEC ID number of contributing federal political committee.	С					,	,		5000.	.00
Name of Employer Self Employed Receipt For: Primary General	Occupation Physician Aggregate	Year-to-Date ▼								
Other (specify)		5000.00								
Full Name (Last, First, Middle Init B. Gail Ross MD Mailing Address PO Box 3200		7- 0-1-		Date of	Re ′	ceipt 16	/ Y		y 016	Y
City Laguna Hills FEC ID number of contributing federal political committee.	State CA	Zip Code 92654-3200		Transa Amount		on ID : (Each R			Period 250.	00
Name of Employer Self Employed	Occupation Physician									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
Full Name (Last, First, Middle Init C. Jo-Ellyn M Ryall				Date of	Re	ceipt				
Mailing Address 10 Ladue Crest L	n			м м 01	/	D D 30	/ Y) 16	Y
City Saint Louis	State MO	Zip Code 63124-1543		Trans Amount		i on ID : Each R			eriod	
FEC ID number of contributing federal political committee.	С					7		_	250	.00
Name of Employer	Occupation									
Self Employed	Physician									
Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 250.00								
SUBTOTAL of Receipts This Page			▶ ▶			7	5	-	5500.0	00

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE 15 OF

ITEMIZED RECEIPTS	Use separate schedule(s)		(check only one)
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such or for commercial purposes, other	Reports and Statements mathematical than using the name and a	ay not be sold or used by any p ddress of any political committe	person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Ful American Psychiatric		al Action Committee	
Full Name (Last, First, Middle I Randie Schacter-Fitzgera Mailing Address 212 W Matthey	ld DO		Date of Receipt
			01 15 2016
City Matthews	State NC	Zip Code 28105-5442	Transaction ID : C3257904 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer	Occupation		
Self Employed	Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle I B. Barbara Yates Weissma			Date of Receipt
Mailing Address 2000 Alameda	De Las Pulgas Ste 240		01 06 2016
City	State	Zip Code	Transaction ID : C3257893
San Mateo	CA	94403-1271	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Physician	I	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle I C. John J Wernert MD	nitial)		Date of Receipt
Mailing Address 1776 Summerl	akes Ct		01 27 _2016
City Carmel	State IN	Zip Code 46032-9679	Transaction ID : C3257971 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer	Occupation	I	
Indiana Geriatric Associates	President		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	1
SUBTOTAL of Receipts This Pag	e (optional)		1500.00
TOTAL This Period (last page thi	s line number only)		17375.00

SC	CHEDULE B (FEC Form 3			F	FOR LINE NUMBER: PAGE 16							16 (OF	19						
IT	EMIZED DISBURSEMENTS	BURSEMENTS Use separate schedule(s) for each category of the			hec		only one) 21b 22 23 24 7									26				
			ed Summary Page			210	\vdash	22 28a	\vdash	23 28b	\vdash	24 28c	-	25 29		26 30b				
	ny information copied from such Reports a for commercial purposes, other than usin																			
\square	NAME OF COMMITTEE (In Full)			_																
	American Psychiatric Assoc	iation Politica	al Action Corr	mitte	e		_													
_	Full Name (Last, First, Middle Initial)									oburor		nt								
А.	Bank of America N.A.							Date o	_	spuise			V	Y	V					
	Mailing Address PO Box 27025																			
	City Richmond	State VA	Zip Code 23261-7025				Transaction ID : D171028													
	Purpose of Disbursement Merchant Fees		202011023			-		Amoun	t of	Each	Dis	sburser	nent	t this	Perio	d				
	Candidate Name			Cat	eqoi	rv/														
	Office Council Lines	Dishamon Fra			ype			_	-	7		- 7	-	82	2.36					
	Office Sought: House Senate President	Disbursement For Primary Other (s																		
	State: District:																			
в.	Full Name (Last, First, Middle Initial) Bank of America N.A.							Date o				ent								
	Mailing Address PO Box 27025							01 / D D / Y Y Y Y Y 2016												
	City Richmond	State Zip Code VA 23261-7025						Trans	sact	017102	9									
	Purpose of Disbursement Bank Fees				-			•		F					Derie					
	Candidate Name			Cat	egoi ype			Amoun	it of	Each		sburser	nent		Period 5.92					
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	State: District:																			
C.	Full Name (Last, First, Middle Initial)							Date o	_			_								
	Mailing Address							M = M	/	D	D	/ Y	Y	Ŷ	Y					
	City	State	Zip Code																	
	Purpose of Disbursement																			
	Candidate Name Category							Amoun	it of	Each	Dis	sburser	nent	t this	Period					
	Office Sought: House Senate President	Disbursement For Primary Other (s																		
_	State: District:																			
s	SUBTOTAL of Disbursements This Page (optional)							_	,		,		278	.28					
Т	OTAL This Period (last page this line nur	nber only)								,				278	.28					

S	CHEDULE B (FEC Form 3X)			FC	DR I		IUMBER				PAG	ае 17	OF 19						
IT	EMIZED DISBURSEMENTS	Use separate sc for each categor				k only	/ one)												
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	y information copied from such Reports and Staten for commercial purposes, other than using the nam					perso	n for the		oose o	of sol	iciting	contribu	utions						
$\left \right\rangle$	NAME OF COMMITTEE (In Full)			• • •															
	American Psychiatric Association F	Political Action	ר Comm	itte	e														
Α.	Full Name (Last, First, Middle Initial) Bill Cassidy for US Senate									Date of Disbursement									
	ling Address P.O. Box 80505						01 / D D / Y Y Y Y 21 2016												
	City	State Zip C	ode				_												
	Baton Rouge	LA 70898	3				Trans	Transaction ID : D171035											
	Purpose of Disbursement Contribution						Amoun	t of	Each	Disbu	ursem	ent this	Period						
	Candidate Name			Cate	egor	ry/						500	0.00						
	Sen. William Cassidy			Ту	/pe		_	-	7		7	500	0.00						
	Senate X President	nent For: 2020 Primary 0 Other (specify) v	General																
	State: LA District:																		
В.	Full Name (Last, First, Middle Initial) FRIENDS OF ERIK PAULSEN						Date o			_	_								
	Mailing Address P.O. BOX 44369							14 / Y Y Y Y Y 2016											
	,	State Zip C MN 5534					Trans	sacti	on ID	: D1	71032	2							
	Purpose of Disbursement Contribution			-	-		Amount of Each Disbursement this Period												
	Candidate Name			Cate	gor	·y/	2500.00												
	Rep. Erik Paulsen				/pe		_	-	7		7	230	0.00						
	Senate X	nent For: 2016 Primary C Other (specify) V	General																
<u>с.</u>	Full Name (Last, First, Middle Initial)						Date o	f Dis	burse	ement									
	Mailing Address PO BOX 16128						M M 01	/	D 2	D 1	Y	y y 2016	Y						
	HOUSTON	State Zip C TX 77222					Trans	sacti	on ID	: D1	71033	3							
	Purpose of Disbursement Contribution			Amoun	t of	Each	Disbu	ursem	ent this	Period									
	Candidate Name Rep. RAYMOND E. 'GENE' GREE	N		Cate	egor /pe	ry/						250	0.00						
	•	nent For: 2016		Ty	pe		_	-	7		7								
			General																
							_	_			-	_	_						
s	UBTOTAL of Disbursements This Page (optional)						Ŀ	-	7	_	7	1000	0.00						
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S	CHEDULE B (FEC Form 3X)			F	OR	LINE N	IUMBER	:			PAGE	E 18	OF 19						
IT	EMIZED DISBURSEMENTS					k only	only one)												
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)			• • •															
	American Psychiatric Association F Full Name (Last, First, Middle Initial)	Political	Action Com	nitte	e														
Α.	A. KEVIN MCCARTHY FOR CONGRESS									Date of Disbursement									
		200																	
	Mailing Address PO Box 12667						01		2	1	L	2016	_						
	5	State	Zip Code				Trans	sacti	on ID	: D17	1037								
	Bakersfield Purpose of Disbursement	CA	93389																
	Contribution			—			Amoun	t of	Each	Disbu	irseme	ent this	Period						
	Candidate Name			Cate	eaor	v/			-			050	0.00						
	Rep. Kevin McCarthy				ype	<i>J</i> .			7		7	250	0.00						
	Senate President	nent For: Primary Other (spe	X General																
	State: CA District: 23																		
В.	Full Name (Last, First, Middle Initial) BUCSHON FOR CONGRESS						Date o	f Dis	burse	ement									
	Mailing Address PO Box 250					01 21						y y 2016	Y						
	Newburgh	State IN	Zip Code 47629				Transaction ID : D171036												
	Purpose of Disbursement Contribution				-		Amount of Each Disbursement this Perio												
	Candidate Name			Cat		n / /													
	Larry D. Bucshon			Cate Ty	egor ype	y/			,		7	350	0.00						
	Office Sought: House Disbursen Senate X	nent For: Primary Other (spe	2016 General ccify) ▼																
_	Full Name (Last, First, Middle Initial)																		
C.	RYAN FOR CONGRESS						Date o	_		ement	V	YY	Y						
	Mailing Address PO Box 1919						01	Í		1	L	2016							
	City	State	Zip Code				Tran	sacti	on ID): D17	1034								
	Janesville	WI	53547				man	5400			1034								
	Purpose of Disbursement Contribution							t of	Each	Disbu	irseme	ent this	Period						
	Candidate Name Rep. Paul D. Ryan			Cate		·y/						250	0.00						
	Office Sought: House Disburser	nent For: Primary Other (spe	General		ype				7		7								
Г							_	-	-	-		075							
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 19 OF 19
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	r one) 22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) American Psychiatric Association	Political Action Comm	nittee	
Full Name (Last, First, Middle Initial)			
A. FRIENDS OF TODD YOUNG			Date of Disbursement
Mailing Address PO BOX 1053			01 14 2016
City BLOOMINGTON	State Zip Code IN 47402		Transaction ID : D171031
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period
Candidate Name TODD CHRISTOPHER YOUNG		Category/ Type	2500.00
Senate President	ment For: 2016 Primary General Other (specify) ▼		
State: IN District: 09 Full Name (Last, First, Middle Initial) B.			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		
State: District:	1		
Full Name (Last, First, Middle Initial)			Date of Disbursement
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