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04/20/2016 19 : 01

PAGE 1 / 32

FEC FORM 3X		RT OF RE DISBURSE Than An Authorize	MENT	S	Offic	ce Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PR		ample: If typir er the lines.	ng, type	12FE4M5	
American Psychiatric	Associatio	n Political Action		ee		
ADDRESS (number and street)	1000 Wilso	n Boulevard				
Check if different than previously reported. (ACC)	Suite1825				VA 2:	2209
2. FEC IDENTIFICATION N	UMBER 🔻			S		ZIP CODE
C C00373696		3. IS THIS REPORT		NEW N) OR	× AMEND (A)	ED
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (July 15 Quarterly Report (October 15 Quarterly Report (January 31 	(C) 1 Q2) F Q3)				Aug 20 (N Sep 20 (N Oct 20 (N General (12G) Special (12S)	(Non-Election Year Only) (Non-Election Year Only) (Non-Election Year Only) (Non-Election Year Only) (Non-Election Year Only) (Non-Election Year Only)
Year-End Report (July 31 Mid-Year Report (Non-electi Year Only) (MY) Termination Repor (TER)	on (d) 3 F	0-Day POST-Election Report for the: Election on	General (300	à)	Runoff (30R)	in the State of
5. Covering Period)2 / D D 01	2016	through	M M 02	/ D D / Y 29	2016
I certify that I have examined t Type or Print Name of Treasur		-	owledge and b	pelief it is true	e, correct and con	nplete.
Signature of Treasurer	ley Mild		[Electronically	<i>Filed]</i> Da	ate 04 /	20 / Y Y Y Y 2016
NOTE: Submission of false, error	neous, or incom	plete information may s	ubject the pers	son signing thi	is Report to the pe	nalties of 2 U.S.C. §437g.
Office Use Only					F	EC FORM 3X Rev. 12/2004

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: 02		02 29 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	110397.15	
	(c) Total Receipts (from Line 19)	40368.66	63991.33
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	150765.81	172104.04
7.	Total Disbursements (from Line 31)	53835.94	75174.17
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	96929.87	96929.87
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: 02	01 2016 To	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	22048.34	39423.34
(ii) Unitemized	17842.07	24089.74
(iii) TOTAL (add	7 7 7	
Lines 11(a)(i) and (ii)	39890.41	63513.08
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contributions (add Lines		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	39890.41	63513.08
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	, , , , , , , , , , , , , , , , , , , ,	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	478.25	478.25
6. Refunds of Contributions Made		
to Federal Candidates and Other	0.00	0.00
Political Committees 7. Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
8. 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
9. Total Receipts (add Lines 11(d),	40000.00	62001.22
12, 13, 14, 15, 16, 17, and 18(c))►	40368.66	63991.33
0. Total Federal Receipts		
(subtract Line 18(c) from Line 19)►	40368.66	63991.33

FE6AN026

I

DETAILED SUMMARY PAGE

of Disbursements

	FEC Form 3X (Rev. 02/2003)	COLUMN A	Page 4
	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	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	335.94	674.17
	(c) Total Operating Expenditures		
2.	(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	335.94	674.17
	Committees Contributions to	0.00	0.00
	Federal Candidates/Committees and Other Political Committees	53500.00	74500.00
	Independent Expenditures (use Schedule F)	0.00	0.00
5.	(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) use Schedule F)	0.00	
	use Schedule F)		0.00
3 .	Loan Repayments Made	0.00	0.00
7.	Loans Made Refunds of Contributions To:	0.00	0.00
	(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	0.00	
	(add Lines 28(a), (b), and (c))►		0.00
9. (Other Disbursements	0.00	0.00
).	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		0.00
	With Federal Funds (c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
:	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	53835.94	75174.17
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	53835.94	75174.17
	, · · · · · · · · · · · · · · · · · · ·		10114.11

FE6AN026

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DETAILED SUMMARY PAGE

of Disbursements

II. 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) 	39890.41	63513.08
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	39890.41	63513.08
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	335.94	674.17
. Offsets to Operating Expenditures (from Line 15, page 3)	478.25	478.25
. Net Operating Expenditures (subtract Line 37 from Line 36)	-142.31	195.92

FE6AN026

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

Form/Schedule: F3XA Transaction ID :

The committee's connected organization switched credit card processing companies earlier this year which also impacted the processing of PAC contributions. When the transition occurred, the wrong account number was provided to the processor which resulted in contributions that were intended for the PAC to be deposited into the connected organization's general treasury account. After the error was discovered, the committee worked to identify the PAC contributions and transfer them back to the PAC account. As a result, the January receipt totals increased by \$50 and February receipts increased by \$6,379.00. These receipts are disclosed on the February 20th and March 20th Monthly Reports. The connected organization continues to work with the credit card processor to ensure that future credit card contributions that are made to the PAC are deposited into the PAC account.

Form/Schedule: Transaction ID:

FOR LINE NUMBER:

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			Detailed Summary Page		K 11a		11b	11c	12	2						
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or	y information copied from such Reports and s for commercial purposes, other than using the															
\backslash	NAME OF COMMITTEE (In Full)	D														
	American Psychiatric Associati	on Politica	al Action Committee													
Α.	Full Name (Last, First, Middle Initial) Luis S Alonzo MD			Date of Receipt												
	Mailing Address 108 Dakota Dr				02 26 2016											
	City	State	Zip Code		Trans	acti	on ID :	C327538	7							
	Hutchinson	KS	67502-4470	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С		250.00 Memo Item												
	Name of Employer	Occupation			Mer	no li	tem									
	Self Employed	Physician														
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General Other (specify) ▼ 250.00															
	Full Name (Last, First, Middle Initial) William Arroyo MD						Date of Receipt									
	Mailing Address 4034 Witzel Dr				02 15 2016											
	City	State	Zip Code		Transa	acti	on ID : (C329998	8							
	Sherman Oaks	CA	91423-4612		Amount	of	Each R	eceipt th	is Peri	od						
	FEC ID number of contributing federal political committee.		1000.00													
	Name of Employer Self Employed	Occupation Physician		Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	1												
	Full Name (Last, First, Middle Initial)		9	-												
C.	Anthony J Bardinelli MD				Date of	Re	ceipt									
	Mailing Address 510 N Broadway				м м 02	/	D D 26	/ Y	2016		Y					
	City	State	Zip Code		Trans	acti	ion ID :	C327548	3							
	White Plains	NY	10603-3217	_	Amount	of	Each R	eceipt th	is Peri	od						
	FEC ID number of contributing federal political committee.	С					,		25	50.00	0					
	Name of Employer	Occupation			Mer	no l	tem									
	Self Employed	Physician														
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General	11.														
	Other (specify)															
s	UBTOTAL of Receipts This Page (optional)						,		150	0.00)					
т	OTAL This Period (last page this line number	only)		•			,									

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PAGE 8 OF

			Detailed Summary Page		11a 13		11b 14	11c	-	12 16	17						
An	y information copied from such Reports and for commercial purposes, other than using the	Statements ma	ay not be sold or used by any p ddress of any political committee	erson t	for the	pur ntrih	pose of	soliciting		ntribut	ions						
	NAME OF COMMITTEE (In Full) American Psychiatric Associati																
Α.	Full Name (Last, First, Middle Initial) Nigel Martyn Bark MD Mailing Address 117 Constitution Dr				Date of Receipt 02 18 2016 Transaction ID : C3299995 Amount of Each Receipt this Period												
	City	State	Zip Code														
	Orangeburg	NY	10962-2733														
	FEC ID number of contributing federal political committee.	С		250.00 Memo Item													
	Name of Employer	Occupation			Me	mo	Item										
	Bronx Psychiatric Center Receipt For:	Physician															
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]													
B.	Full Name (Last, First, Middle Initial) Lama Bazzi MD						Date of Receipt										
C F	Mailing Address 2500 Nesconset Hwy Bldg 2		02 29 / Y Y Y Y 02 29 2016														
	City Stopy Brook	State NY	Zip Code 11790-2555	-				C330006									
	Stony Brook FEC ID number of contributing federal political committee.		Amoun	t of	Each R	eceipt th		'eriod 1000.0	00								
	Name of Employer SUNY Downstate Medical Center	Memo Item															
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]													
С.	Full Name (Last, First, Middle Initial) Jeffrey I Bennett MD				Date of	f Re	eceipt										
	Mailing Address 1049 Williams Blvd				м м 02	/	29	/ Y) 16	Y						
	City Springfield	State IL	Zip Code 62704-2809					C327573 eceipt th		Doriod							
	FEC ID number of contributing federal political committee.	С			Amoun					5000.0	00						
	Name of Employer	Occupation			Me	mo	ltem										
	Self Employed	Physician															
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00														
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ITEMIZED RECEIPTS		Use separate schedule(s)	(ch	eck only	/ on	ie)											
		for each category of the Detailed Summary Page		< 11a		11b	11c	12	Г	_							
Any information copied from such Reports and or for commercial purposes, other than using t	Statements ma he name and a	ny not be sold or used by any po ddress of any political committee	erson erson	13 for the plicit cor	purp ntrib	14 Dose of utions f	15 soliciting from sucl	g contrik h comm	oution	17 ns							
NAME OF COMMITTEE (In Full)																	
American Psychiatric Associat	ion Politica	al Action Committee															
Full Name (Last, First, Middle Initial) A. Jeffrey P Bernstein MD				Date of	Re	ceipt											
Mailing Address 154 Holmes DI			02 25 2016														
City Albany	State NY	Zip Code 12208-1420					C327558 Receipt th		bd								
FEC ID number of contributing federal political committee.	С					,			0.00								
Name of Employer Self Employed	Occupation Physician			Mer	no li	tem											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00															
Full Name (Last, First, Middle Initial) B. Charles Harry Blackinton MD				Date of	Re	ceipt											
Mailing Address 214 Engle St Ste 20							02 22 2016										
City _Englewood	State NJ	Zip Code 07631-2418				-	C330005 Receipt th		bd								
FEC ID number of contributing federal political committee.	С		250.00														
Name of Employer Self Employed	Occupation Physician			Mei	no l	tem											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00															
Full Name (Last, First, Middle Initial) C. Michael Blumenfield MD				Date of	Re	ceipt											
Mailing Address 5901 Nita Ave				м м 02	/	26		2016	Y	1							
City Woodland Hills	State CA	Zip Code 91367-3314					C32753: Receipt th		bd								
FEC ID number of contributing federal political committee.	С					7		25	0.00]							
Name of Employer	Occupation			Mer	no l	tem											
Self Employed	Physician																
Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 250.00															
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ITEMIZED RECEIPTS	-	Use separate schedule(s)				(check only one)								
		for each category of the Detailed Summary Page		11a		11b	11c	12	47					
Any information copied from such Reports ar or for commercial purposes, other than using														
NAME OF COMMITTEE (In Full)														
American Psychiatric Associa	ation Politica	al Action Committee												
Full Name (Last, First, Middle Initial) A. David W Brody MD			Date of Receipt											
Mailing Address 1841 Broadway Rm 700				м м 02	1	26	У / Ү	у у 2016	Y					
City	State	Zip Code	Transaction ID : C3275729											
New York	NY	10023-7663	A	Amount	of	Each F	Receipt th	nis Period						
FEC ID number of contributing federal political committee.	С					,		250.	00					
Name of Employer	Occupation	1	1	Mer	mo l	tem								
Self Employed	Physician													
Receipt For: Primary General	Aggregate	Year-to-Date ▼												
Other (specify)		250.00												
Full Name (Last, First, Middle Initial) B. Chelsea L Chesen MD	Chelsea L Chesen MD													
Mailing Address 11635 Arbor Street Suite 110				02 23 / Y Y Y Y Y 02 23 2016										
City	State	Zip Code		Trans	acti	on ID :	C327562	25						
Omaha	NE	68144	A	Amount	of	Each F	Receipt th	nis Period						
FEC ID number of contributing federal political committee.	С			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) C. Clarence Paul Chou MD				Date of	Re	ceipt								
Mailing Address 9455 W Watertown Plank	Rd			м м 02	/	23		2016	Y					
City	State WI	Zip Code 53226-3559				-	C327558							
Milwaukee	•••	55220-5559	A	Amount	of	Each F	Receipt th	nis Period						
FEC ID number of contributing federal political committee.	C					<u></u>		1000.	00					
Name of Employer	Occupation	I		Mei	mo l	tem								
Self Employed	Physician													
Receipt For:	Aggregate	Year-to-Date ▼												
Other (specify)		1000.00	1											
SUBTOTAL of Receipts This Page (optional)							1500.	00					
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				Summary Page		X 11a		11b	11c		12							
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	NAME OF COMMITTEE (In Full)			0														
/	American Psychiatric Associatio	on Politica	al Action	Committee														
Α.	Full Name (Last, First, Middle Initial) Charles Peter Ciolino MD					Date of Receipt												
	Mailing Address 36 Smithfield Ct																	
	City	State	Zip Co	ode		Trans	acti	ion ID :	: C32755									
	Basking Ridge	NJ	07920	-2779		Amount	of	Each I	Receipt t	his F	Period							
	FEC ID number of contributing federal political committee.	С						,			250.0	00						
	Name of Employer	Occupation				Mer	mo l	tem										
	Cognitive Therapy & Consultation LLC	Physician																
	Receipt For:	Aggregate	Year-to-Dat	e 🔻														
	Primary General Other (specify) ▼]																
В.	Full Name (Last, First, Middle Initial) David Michael Dressler MD							Date of Receipt										
	Mailing Address 51 Sherman Hill Rd Ste 103A					M M / D D / Y												
	City	State	Zip Co	de		Trans	acti	on ID :	C32753	85								
	Woodbury	СТ	06798	-3648		Amount	of	Each I	Receipt 1	his F	Period							
	FEC ID number of contributing federal political committee.		250.00															
	Name of Employer Self Employed	Occupation Physician				Memo Item												
	Receipt For: Primary General	Aggregate	Year-to-Dat															
	Other (specify)	L	,	250.00														
C.	Full Name (Last, First, Middle Initial) Kurt Lawrence Fox MD					Date of	Re	eceipt										
	Mailing Address PO Box 39					м м 02	/	26			у 016	Y						
	City Avon	State MN	Zip Cc 56310						: C3275 3 Receipt 1		Period							
	FEC ID number of contributing federal political committee.	С						,			250.0	00						
	Name of Employer	Occupation				Mer	mo l	tem										
	St. Cloud VA Medical Center	Physician																
	Receipt For:	Aggregate	Year-to-Dat	e ▼														
	Primary General	1.99.094.0		500.00	11.													
	Other (specify)	4																
s	UBTOTAL of Receipts This Page (optional)				•			1			750.0	00						
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FOR LINE NUMBER:

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PAGE 12 OF

	13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee. 17 Date of Receipt 02 26 2016 Transaction ID : C3275478 Amount of Each Receipt this Period
address of any political committee	Date of Receipt 02 26 2016 Transaction ID : C3275478
Zip Code	02 26 2016 Transaction ID : C3275478
Zip Code	02 26 2016 Transaction ID : C3275478
	02 26 2016 Transaction ID : C3275478
	02 26 2016 Transaction ID : C3275478
90025-6634	Amount of Each Receipt this Period
	150.00
n	Memo Item
e Year-to-Date ▼	
400.00	
	Date of Receipt
	02 02 2016
Zip Code	Transaction ID : C3275634
24502-2058	Amount of Each Receipt this Period
	250.00
n	Memo Item
e Year-to-Date ▼ 250.00	
	Date of Receipt
	02 26 / Y Y Y Y 02 26 2016
Zip Code	Transaction ID : C3275422
40207-4413	Amount of Each Receipt this Period
	500.00
n	Memo Item
e Year-to-Date ▼	
500.00	
	900.00
•	Zip Code 40207-4413

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	EMIZED RECEIPTS		Detailed Summary Page		_		11b	۰ _	11c		12	
۸n	y information copied from such Reports and	Statements m	av not be sold or used by any r		13 for the		14		15		16 tribut	17
	for commercial purposes, other than using th											
$\overline{)}$	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	American Psychiatric Associati	ion Politica	al Action Committee									
Α.	Full Name (Last, First, Middle Initial) Michael Christopher Hann MD				Date of	f Re	eceip	ot				
	Mailing Address 1281 9th Ave Unit 2909				м м 02	/	D	19	/ Y) 16	Y
	City	State	Zip Code		Trans	sacti	ion	ID : C	330002	24		
	San Diego	CA	92101-4635		Amoun	t of	Eac	ch Re	ceipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С					7		y	_	250.0	0
	Name of Employer	Occupation			Me	mo l	ltem					
	Self Employed	Physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		250.00	1								
	Full Name (Last, First, Middle Initial) Jeffrey W Hermann MD				Date of	f Re	eceip	ot				
	Mailing Address 730 Cricket Glen Rd				02	/	D	26	/ Y	20 ²	ү 16	Y
	City	State	Zip Code		Trans	acti	ion l	ID : C	327541	1		
	Hummelstown	PA	17036-8547		Amoun	t of	Eac	ch Re	ceipt th	is Po	eriod	
	FEC ID number of contributing federal political committee.	С			<u> </u>		7		7	_	350.0	0
	Name of Employer Self Employed	Occupation Physician			Me	mo l	ltem	1				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00]								
с.	Full Name (Last, First, Middle Initial) Sarit Hovav MD				Date of	f Re	eceip	ot				
	Mailing Address 6210 S. 191st Street				м м 02	/	D	29	/ Y	ې 20	ү 16	Y
	City	State	Zip Code		Trans	sact	ion	ID : C	327551	13		
	Omaha	NE	68135		Amoun	t of	Eac	ch Re	ceipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С					7		y	_	250.0	0
	Name of Employer	Occupation			Me	mol	ltem	I				
	VA Omaha MHC Clinic	Physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General											
	Other (specify)		250.00									
s	UBTOTAL of Receipts This Page (optional)			•			7		y		850.0	0
т	OTAL This Period (last page this line number	r only)		•			7		-			

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			Detailed Summary Page		X	11a 13] 11 14		11c		12 16	17
	y information copied from such Reports and for commercial purposes, other than using th					or the		pos	se of s	oliciting		ntribut	ions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Psychiatric Associati	on Politica	al Action Committe	е									
Α.	Full Name (Last, First, Middle Initial) Karen J Jacobs DO				D	ate of	f Re	ecei	pt				
	Mailing Address 9500 Euclid Ave # P57					м м 02	/	ľ	26	/ Y		016	Y
	City Cleveland	State OH	Zip Code 44195-0002	-						32756			
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	Name of Employer Self Employed	Occupation Physician				Me	mo l	ltem	n				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00)									
в.	Full Name (Last, First, Middle Initial) Laurence S Lorefice MD				D	ate of	f Re	ecei	pt				
	Mailing Address 39 Ballwood Rd					м м 02	/		26	/ Y) 16	Y
	City Old Greenwich	State CT	Zip Code 06870-2332							327530 ceipt th		eriod	
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	Name of Employer Self Employed	Occupation Physician			1	Me	mo l	lten	n				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.0	0									
с.	Full Name (Last, First, Middle Initial) Leighmin J Lu MD				D	ate of	f Re	ecei	pt				
	Mailing Address PO Box 8887				I	м м 02	/	I	26	/ Y) 16	Y
	City St Thomas	State VI	Zip Code 00801-1887							32753 ceipt th		eriod	
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	Name of Employer	Occupation				Me	mo l	ltem	n				
	VI Medical Foundation	Physician											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	0									
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	NAME OF COMMITTEE (In Full) American Psychiatric Associatio	on Politica	al Action Committee	Э							
Α.	Full Name (Last, First, Middle Initial) James G Mackenzie DO Mailing Address 225 E Chicago Ave # 10				Date of		pt	/ Y	Y Y	Y	
	City	State	Zip Code		02 Trans	action	23 ID :	C330006	2016 0	-	
	Chicago	IL	60611-2991		Amount	of Ea	ch R	eceipt thi	is Perio	d	
	FEC ID number of contributing federal political committee.	С				,			25	0.00	
	Name of Employer Children's Memorial Hospital	Occupation Physician			Mer	no ltem	ı				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
	Full Name (Last, First, Middle Initial) David Jeffrey Markowitz MD				Date of	Recei	pt				
	Mailing Address 6714 Patterson Ave Ste 103				M M 02	/ [26	/ Y	ү ү 2016	Y	1
	City	State VA	Zip Code					C327532	-		_
	Richmond FEC ID number of contributing federal political committee.	C	23226-3432		Amount	of Ea	ch R	eceipt thi		od 0.00	
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
	Full Name (Last, First, Middle Initial) David A. McGee				Date of	Recei	pt				
	Mailing Address 9450 Winterberry Ln				м м 02	/ [29	/ Y	2016	Y	1
	City Mentor	State OH	Zip Code 44060-7961					C327551 eceipt thi		d	-
	FEC ID number of contributing federal political committee.	С				,			250	0.00	
	Name of Employer	Occupation			Mer	no Item	۱				
	Self Employed	Physician									
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NAME OF COMMITTEE (In Full)									
American Psychiatric Associa	tion Politica	al Action Committee							
Full Name (Last, First, Middle Initial) A. Nooreddin Mirmirani MD				Date of	Rec	ceipt			
Mailing Address 2014 Mason Hill Dr				м м 02	1	26	/ Y	ууу 2016	Y
City Alexandria	State VA	Zip Code 22307-1937					C327541		
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Other (specify) ▼		250.00]						
Full Name (Last, First, Middle Initial) B. Sachin B Nagarkar MD				Date of	Red	ceipt			
Mailing Address 3046 Gaslight Dr				м м 02	/	26	/ Y	2016	Y
City	State	Zip Code		Trans	actio	on ID :	C327531		
Bay City	MI	48706-9604		Amount	of	Each R	eceipt th	is Perio	d
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Name of Employer Self Employed	Occupation Physician			Me	mo lt	em			
Receipt For:		Year-to-Date ▼							
Primary General Other (specify) ▼		500.00							
Full Name (Last, First, Middle Initial) C. James Edward Nininger MD				Date of	Rec	ceipt			
Mailing Address 240 Central Park S Apt 2J				м м 02	/	29	/ Y	ү ү 2016	Y
City	State	Zip Code		Trans	acti	on ID :	C327550)9	
New York	NY	10019-1435	_	Amount	of	Each R	eceipt th	is Perio	b
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PAGE 17 OF

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	NAME OF COMMITTEE (In Full)										
$\Big $	American Psychiatric Associati	on Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Paul J O'Leary MD				Date of	Re	eceipt				
	Mailing Address 4461 Clairmont Ave S				м м 02	1	02		2(у 016	Y
	City	State	Zip Code		Trans	acti	ion ID :	C327494	48		
	Birmingham	AL	35222-3727	'	Amount	t of	Each F	Receipt th	nis P	'eriod	
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	Self Employed	Physician									
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	Primary General		440.00	11.							
	Other (specify)		416.68	4							
в.	Full Name (Last, First, Middle Initial) Richard C Palmer MD				Date of	Re	eceipt				
	Mailing Address 29978 Knoll View Dr				м м 02	/	29		20)16	Y
	City	State	Zip Code			acti		C327553			
	Rch Palos Vrd	CA	90275-6440		Amount	t of	Each F	Receipt th	nis F	'eriod	
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	Primary General Other (specify) ▼		, 220.00]							
<u></u>	Full Name (Last, First, Middle Initial) Joel Edward Parker MD				Date of	Re	eceipt				
	Mailing Address PO Box 45410				м м 02	/	29) 16	Y
	City	State	Zip Code		Trans	act	ion ID :	C32755	25		
	Phoenix	AZ	85064-5410		Amount	t of	Each F	Receipt th	nis P	'eriod	
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	Name of Employer	Occupation			Me	mo l	ltem				
	Biltmore Psychiatric Group	Physician									
	Receipt For:		Year-to-Date ▼								
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SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(ch	eck only	/ on	e)				
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NAME OF COMMITTEE (In Full)										
American Psychiatric Assoc	iation Politica	al Action Committee								
Full Name (Last, First, Middle Initial) A. Karen Pierce MD				Date of	Re	ceipt				
Mailing Address 2634 N Dayton St				м м 02	/	26	/ Y	2016	Y	
City	State	Zip Code			acti		C327538			
Chicago	IL	60614-2306		Amount	of	Each R	eceipt th	is Perio	d	
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Name of Employer	Occupation			Mer	no li	tem				
Self Employed	Physician									
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Other (specify) ▼		250.00]							
Full Name (Last, First, Middle Initial) B. Rodney A Poling MD				Date of	Re	ceipt				
Mailing Address 1402 Rosewood Dr				м м 02	/	26	/ Y	2016	Y	
City	State	Zip Code				-	C327549			
Columbia	TN	38401-4878		Amount	of	Each R	eceipt th	is Period	b	
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Name of Employer Self Employed	Occupation Physician			Mer	no l	tem				
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Full Name (Last, First, Middle Initial) C. Sally Ann Reyering MD				Date of	Re	ceipt				
Mailing Address 66 Canal St				м м 02	/	29	/ Y	2016	Y	
City	State MA	Zip Code 02114-2002				-	C327562	-		
Boston	WA	02114-2002	_	Amount	of	Each R	eceipt th	is Period	d	_
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Bay Cove Human Services Receipt For:	Medical Dir		_							
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]							
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PAGE 19 OF

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A.	Full Name (Last, First, Middle Initial) Peter Gordon Sack MD			C	Date of		· ·				
	Mailing Address 3333 Henry Hudson Pkwy City	State	Zip Code	_ [м м 02		26	JL	20)16	Y
	Bronx	NY	10463-3224	A			i on ID : Each R			eriod	
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	Name of Employer Self Employed	Occupation Physician			Mer	mo l'	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]							
в.	Full Name (Last, First, Middle Initial) David Lynn Scasta MD				Date of	Re	ceipt				
	Mailing Address 702 Log Tavern Rd			_ [м м 02	/	D D D 26	/ Y	, 20		Y
	City Milford	State PA	Zip Code 18337-7799				on ID : (Each R			eriod	
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С.	Full Name (Last, First, Middle Initial) Gabrielle L Shapiro MD				Date of	Re	ceipt				
	Mailing Address 343 E 74th St Apt PH4C				м м 02	/	D D 26	/ Y		Y 16	Y
	City New York	State NY	Zip Code 10021-3752	A			ion ID : Each R			eriod	
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	Self Employed Receipt For: Primary General Other (specify) ▼	Physician Aggregate	Year-to-Date ▼ 500.00]							
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SCHEDULE A (FEC Form 3X)

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PAGE 20 OF

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NAME OF COMMITTEE (In Full)							
American Psychiatric Associati	on Politica	a Action Committee					
Full Name (Last, First, Middle Initial) A. Joshua Sonkiss MD			Date o	of Receipt			
Mailing Address 1650 Cowles St			02	29		2016	Y
City	State	Zip Code		saction ID		2016 5	
Fairbanks	AK	99701-5998	Amour	nt of Each I	Receipt th	is Period	
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Self Employed	Physician						
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Other (specify)		1000.00	1				
		1					
Full Name (Last, First, Middle Initial) B. Felix E Torres MD			Date o	of Receipt			
Mailing Address PO Box 205189 Sunset Station			02	/ 24		2016	Y
City	State NY	Zip Code		saction ID :			
Brooklyn		11220-7189	Amour	nt of Each I	Receipt th	is Period	_
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Name of Employer Self Employed	Occupation			emo ltem			
Receipt For:	Physician						
Primary General	Aggregate	Year-to-Date ▼					
Other (specify)		1000.00					
Full Name (Last, First, Middle Initial) C. Alexander H. Von Hafften MD			Date o	of Receipt			
Mailing Address PO Box 230069			02	/ 29		ү 2016	Y
City Anchorage	State AK	Zip Code 99523-0069		saction ID			
0	AN	99523-0069	Amour	nt of Each I	Receipt th	is Period	
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Alaska Counseling Services	Physician						
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	for commercial purposes, other than using the										
\backslash	NAME OF COMMITTEE (In Full)										
$\Big)$	American Psychiatric Associati	on Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Elisabeth Von Zemenszky MD				Date of	Re	eceipt				
	Mailing Address 704 Whitford Hills Rd				м м 02	/	26	/ Y) 016	Y
	City	State	Zip Code		Trans	acti	ion ID : C	327534	15		
	Downingtown	PA	19335-3343		Amount	t of	Each Re	ceipt th	is P	eriod	
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	Self Employed	Physician									
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	Primary General			11							
	Other (specify)		250.00								
В.	Full Name (Last, First, Middle Initial) Mark Waynik MD				Date of	Re	eceipt				
	Mailing Address 52 Beach Rd				м м 02	/	29	/ Y) 16	Y
	City	State	Zip Code		Trans	acti	ion ID : C	327549			
	Fairfield	CT	06824-6692		Amount	t of	Each Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7	J	_	250.0	0
	Name of Employer Self Employed	Occupation Physician			Me	mo l	ltem				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			11.							
	Other (specify)		250.00	4							
с.	Full Name (Last, First, Middle Initial) Douglas Ryan Weber DO	·			Date of	Re	eceipt				
	Mailing Address 734 S Mesa Hills Dr Apt 114				м м 02	/	D D D 26	/ Y)16	Y
	City	State	Zip Code		Trans	acti	ion ID : C	327531	15		
	El Paso	TX	79912-5518	·	Amount	t of	Each Re	ceipt th	is P	eriod	
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	Name of Employer	Occupation		-	Me	mo l	tem				
	Self Employed	Physician									
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	Detailed Summary Page	13 14 X 15 16 17
or for commercial purposes, other than using the	Statements may not be sold or used by any e name and address of any political committ	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American Psychiatric Association	on Political Action Committee	
Full Name (Last, First, Middle Initial) American Psychiatric Association		Date of Receipt
Mailing Address 1000 Wilson Blvd		M = M / D = D / Y = Y = Y
Ste 1825	State Zip Code	02 01 2016
Arlington	VA 22209-3924	Transaction ID : C3275732 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	142.31
Name of Employer	Occupation	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	478.25	Reimbursed Bank Fees
Full Name (Last, First, Middle Initial) B. American Psychiatric Association		Date of Receipt
Mailing Address 1000 Wilson Blvd Ste 1825		02 29 2016
City	State Zip Code	Transaction ID : C3275744
Arlington	VA 22209-3924	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	335.94
Name of Employer	Occupation	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 478.25	Reimbursed Bank Fees
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State Zip Code	Amount of Each Receipt this Period
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Name of Employer	Occupation	Memo Item
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	American Psychiatric Association F	olitical /	Action Com	mitte	e										
<u> </u>	Full Name (Last, First, Middle Initial)														
Α.	Bank of America N.A.							Date	of D	isbu	rsei	ment			
	Mailing Address PO Box 27025							02			03			2016	Y
	,	State	Zip Code				1	Tra	nsac	tion	п	: D1716	13		
	Richmond Purpose of Disbursement	VA	23261-7025					ma	1540				15		
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B.	Full Name (Last, First, Middle Initial) Bank of America N.A.							Date	_						
	Mailing Address PO Box 27025							M 02			16			2016	Y
	Richmond	State VA	Zip Code 23261-7025					Tra	nsac	tion	ID	: D1710	614		
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	y information copied from such Reports and Staten for commercial purposes, other than using the nam														
\setminus	NAME OF COMMITTEE (In Full)														
	American Psychiatric Association F	Political	Action Com	mitte	e										
Α.	Full Name (Last, First, Middle Initial) Bill Cassidy for US Senate							Date o	of Di	sbur	ser	nent			
	Mailing Address P.O. Box 80505							02	/	D	04			016	Y
	City Saton Rouge	State LA	Zip Code 70898					Tran	sact	ion	ID :	: D1716	64		
	Purpose of Disbursement Voided Check-Orig Issued 1/21/16							Amour	nt of	Eac	h [Disburs	emen	t this	Period
	Candidate Name Sen. William Cassidy			Cate	ego ype						Ţ			-5000	.00
		nent For:	2020		ype			Me	emo l	ltem		7			
	President	Primary Other (spe	General cify) ▼												
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В.		NGTH A	ND SECUR	ITY	PA	٩C		Date c			ser		Y	Ý	Y
	Mailing Address PO BOX 80694							02			04			016	_
	City S BATON ROUGE	State LA	Zip Code 70898					Tran	sact	ion	ID	: D1716	624		
	Purpose of Disbursement Contribution							Amour	nt of	Eac	h [Disburs	emen	t this	Period
	Candidate Name			Cate T	ego ype					1	l			5000	.00
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	State: District:														
C.	Full Name (Last, First, Middle Initial) Democratic Congressional Campai	ign Corr	nmittee					Date o	_					Ý	
	Mailing Address 430 South Capitol Street, SE 2nd Floor							02			04			016	T
	,	State DC	Zip Code 20003					Tran	sact	ion	ID	: D1716	519		
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	American Psychiatric Association F	Political	Action Com	mitte	e										
<u> </u>	Full Name (Last, First, Middle Initial)						De		(D:	sburse					
А.	GUTHRIE FOR CONGRESS									D		V	Y Y	V	
	Mailing Address PO Box 9639							02		2		Ľ	2016		
	5	State	Zip Code				Т	rans	acti	on ID	: D17	1633			
	Bowling Green Purpose of Disbursement	KY	42102												
	Contribution						Am	oun	t of	Each	Disbu	irseme	ent this	Perio	bc
	Candidate Name				egor	y/							1500	.00	
	Rep. Brett Guthrie Office Sought: V House Disbursen	nent For:	2016	Т	ype				÷.,	7		7			
	Senate X	Primary	General					Me	mo l'	tem					
	State: KY District: 02	Other (spe	cify) 🔻												
_	Full Name (Last, First, Middle Initial)														
В.	LEGPAC						Da	te of	f Dis	sburse	ement				
	Mailing Address 38 IVY ST., SE						М	02	/	2	26 /	Y	2016	Y	
	5	State	Zip Code				т	rans	sacti	ion ID	: D17	1634			
	WASHINGTON Purpose of Disbursement	DC	20003				-								
	Contribution						Am	oun	t of	Each	Disbu	irseme	ent this	Perio	bd
	Candidate Name				egor ype	y/	Г						2500	.00	
	Office Sought: House Disbursen	nent For:		1	yhe		Б	Mer	no li	tem		7			
		Primary	General												
	State: District:	Other (spe	cify) 🔻												
	Full Name (Last, First, Middle Initial)														
C.	National Republican Congressiona	I Comm	ittee				Da	te of	f Dis	sburse	ement				
	Mailing Address 320 1st St SE							02 ^M	/	0	4	Y	2016	Y	
	City	State	Zip Code				т	rang	acti	ion ID	: D17	1618			
	Washington Purpose of Disbursement	DC	20003-1838				•	and	act		. 017	1010			
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)														
	American Psychiatric Association F	Political	Action Com	mitte	e										
Α.	Full Name (Last, First, Middle Initial)							Date of	of Di	sbur	ser	ment			
	Mailing Address 228 S WASHINGTON ST STE 115	5						02	/	D	04			2016	Y
	ALEXANDRIA	State VA	Zip Code 22314					Tran	sact	ion I	D	: D1710	625		
	Purpose of Disbursement Contribution					1	1	Amoui	nt of	Eac	h I	Disburs	emen	nt this	Period
	Candidate Name			Cat T	ego ype		,		i.		Ì	7		1500	.00
	Office Sought: House Disburser Senate President	nent For: Primary Other (spe	General Gereral		<u> </u>			M	emo l	ltem		,			
	State: District:		<i></i>												
В.	Full Name (Last, First, Middle Initial) BILL FLORES FOR CONGRESS							Date o			ser		Y	YY	Y
	Mailing Address PO BOX 6207							02			04			2016	
	BRYAN	State TX	Zip Code 77805					Tran	sact	ion	ID	: D171	622		
	Purpose of Disbursement Contribution			Γ.			1	Amou	nt of	Eac	h I	Disburs	emen	nt this	Period
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	Senate X President	Primary Other (spe	General					INIE	emo i	tem					
_	State: TX District: 17 Full Name (Last, First, Middle Initial)														
C.	COLLINS FOR CONGRESS							Date o		_	ser		V	Y Y	Y
	Mailing Address PO BOX 1295							02			26			2016	
	,	State GA	Zip Code 30503					Tran	sact	ion	ID	: D171	641		
	Purpose of Disbursement Contribution						1	Amou	at of	Fac	h I	Disburs	omon	t this	Period
	Candidate Name			Cat	eao	orv/	,	Amou		Lac		Disbuis	cinci		_
	Rep. Doug Collins				ype			L.,		7				2000	.00
	Office Sought: House Disburser Senate President State: GA District: 09	ment For: Primary Other (spe	General					Me	emo l	tem					
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\backslash	NAME OF COMMITTEE (In Full)														
	American Psychiatric Association F	Political	Action Com	mitte	e										
_	Full Name (Last, First, Middle Initial)							Date o	f Dia	buro	. m	ont			
А.	PALLONE FOR CONGRESS								_	DUIS				Y	V
	Mailing Address PO Box 3176							02	Í		26	,		016	
	5	State	Zip Code					Trans	sacti	ion IC):	D1716	29		
	Long Branch Purpose of Disbursement	NJ	07740												
	Contribution			Г			11.	Amoun	t of	Each	D	isburse	ment	t this	Period
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	Rep. Frank Pallone Jr.				уре					7	-			2300	00
		ment For: Primary	2016 General					Me	mo l	tem					
	President	Other (spe													
	State: NJ District: 06		<i>,</i> , ,												
_	Full Name (Last, First, Middle Initial)														
В.	JIM RENACCI FOR CONGRESS							Date o	f Dis	sburs	em	ient			
	Mailing Address 150 SMOKERISE DRIVE						_	м м 02	/	D	о 26	/		о 16	Y
	Maning Address 150 SMORERISE DRIVE							02			20		2	010	
	City S WADSWORTH	State OH	Zip Code 44281					Trans	sact	ion II):	D1716	38		
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	Candidate Name				_	_	41.	Amoun	t of	Each	D	isburse	ment	t this	Period
	Rep. James B. Renacci			Cat T	ego ype		′							2000	00
		ment For:	2016		760	-		Me	mo li	tem					
		Primary	General												
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_	State: OH District: 16 Full Name (Last, First, Middle Initial)														
C.	JOE KENNEDY FOR CONGRESS	;						Date o	f Dis	sburs	em	ent			
								M M	/	D	D	/	Y Y	Y	Y
	Mailing Address PO BOX 590464							02		()4	11	2	016	
	5	State	Zip Code					Trans	sact	ion IE):	D1716	20		
	NEWTON CENTER Purpose of Disbursement	MA	02459				_								
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	Candidate Name			Cat	ego	ory/	,				-				_
	Rep. Joseph P. Kennedy III	. =			уре					7	_	- 7		1000.	00
	Office Sought: House Disburser Senate President State: MA District: 04	nent For: Primary Other (spe	General					Me	mo l	tem					
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S	CHEDULE B (FEC Form 3X)			FOF	r Li	NE N	UMBER	:			PAG	E 28	OF 32
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)		•										
	American Psychiatric Association F	Political Action Cor	mmitt	tee	;								
٨	Full Name (Last, First, Middle Initial)						Date o	f Die	buroo	mont			
А.	CASTOR FOR CONGRESS							_		_		Y Y	N
	Mailing Address 301 W. Platt Street #385						02	ĺ	2		Ľ	2016	
	City	State Zip Code					Trans	acti		· D1	71622		
	Tampa	FL 33606					Trans	acu		. 01	1032		
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	Candidate Name		Ca	ateg	jory/	,						1000	00
	Rep. Kathy Castor			Тур			<u></u>	-	7	-	7	1000	.00
	Senate X President	nent For: 2016 Primary General Other (specify)					Me	mo li	tem				
_	State: FL District: 14												
В.	Full Name (Last, First, Middle Initial) KURT SCHRADER FOR CONGRE	ESS					Date o	_		_			
	Mailing Address PO BOX 3314						02	/		4	Y	2016	Y
	City S OREGON CITY	State Zip Code OR 97045					Trans	sacti	ion ID	: D1	71627		
	Purpose of Disbursement Contribution									D . 1			D · · ·
	Candidate Name					41.	Amoun	τοτ	Each	DISD	urseme	ent this	Period
	Rep. Kurt Schrader			ateg Typ		′	Ι.					1500	.00
	Office Sought: House Disbursen Senate X	nent For: 2016 Primary General Other (specify)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Me	mo lt	em		,		
_	Full Name (Last, First, Middle Initial)												
C.	MARSHA BLACKBURN FOR CON	IGRESS INC.					Date o			ement		Y Y	V
	Mailing Address PO Box 3750						02	ĺ	2		L	2016	
	City	State Zip Code					Trees		on ID		74620		
		TN 37024					irans	acti	טו ווט	ייט :	71636		
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	NAME OF COMMITTEE (In Full) American Psychiatric Association F	Political Action	Comm	ittee	Э								
A .	Full Name (Last, First, Middle Initial) PAT MEEHAN FOR CONGRESS						Date of	Dis					
	Mailing Address 50 S PROVIDENCE ROAD						02	/	2		Y	2016	Y
	MEDIA	State Zip Code PA 19063	e				Trans	actio	on ID	: D17	1635		
	Purpose of Disbursement Contribution Candidate Name		_[]	Amount	t of I	Each	Disbu	rsem	ent this	Period
	Rep. Patrick L. Meehan Office Sought: House Senate President	nent For: 2016 Primary Ger Other (specify) ▼	neral	Cateo Typ			Mer	no lt	em		7	2000	.00
В.	State: PA District: 07 Full Name (Last, First, Middle Initial) RYAN FOR CONGRESS Mailing Address PO Box 1919						Date of	f Dis	burse	D /	Y	ү 2016	Y
	City S Janesville	State Zip Code WI 53547	9				Trans	acti	on ID	: D17	1631		
	Purpose of Disbursement Contribution Candidate Name Rep. Paul D. Ryan		[Cateo Typ]	Amount	t of I	Each	Disbu	rsem	ent this 2500	
	Senate	nent For: 2016 Primary X Ger Other (specify) ▼	neral				Mer	no lte	em				
C.	Full Name (Last, First, Middle Initial) ROBIN KELLY FOR CONGRESS						Date of	f Dis					
	Mailing Address PO BOX 6953						02	/	04		Y	2016	Y
	CHICAGO	State Zip Code IL 60680	e				Trans	acti	on ID	: D17	1628		
	Purpose of Disbursement Contribution		[Cate]	Amount	t of I	Each	Disbu	rsem	ent this	
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	Name (Last, ALISE F												Date c		_	irser	_	V	(Y	Y
Mailir	ng Address	PO BO	OX 23219										02			26			2016	Ŷ
-	ERSON				5	State LA	Zip Code 70183						Tran	sact	ior	ID	: D1716	637		
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Mailir	ng Address	P.O. B	OX 24551										02		ŀ	02			016	
City	SBURGH					State PA	Zip Code 15234						Tran	sact	ion	ID	: D1716	617		
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Cand	idate Name	;						Ca	ater	gory	v/		Amour		Ea		Disburs	emen	t this	Period
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State	: PA	Distri	ct: 18																_	
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		NUMBER: PAGE 31 OF 32
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		Data of Dishuragement
		Date of Disbursement
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A 30077		Transaction ID : D171640
		Amount of Each Disbursement this Period
	Category/	2000.00
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	ral	Memo Item
		Date of Disbursement
		02 04 2016
te Zip Code D 21228		Transaction ID : D171623
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 32 OF 32
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NAME OF COMMITTEE (In Full)			
American Psychiatric Association	Political Action Comn	nittee	
Full Name (Last, First, Middle Initial) A. BLUMENTHAL FOR CONNECTION	CUT		Date of Disbursement
Mailing Address 777 Summer St Ste 103			02 04 2016
City Stamford	StateZip CodeCT06901-1085		Transaction ID : D171626
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period
Candidate Name Sen. Richard Blumenthal		Category/ Type	2500.00
	ement For: 2016 Primary General Other (specify)		Memo Item
State: CT District:	Convention		
Full Name (Last, First, Middle Initial) B. PORTMAN FOR SENATE COMM	1ITTEE		Date of Disbursement
Mailing Address 9856 ARCHER LANE			02 26 2016
City DUBLIN	StateZip CodeOH43017		Transaction ID : D171639
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period
Candidate Name Sen. Rob Portman		Category/	2500.00
Office Sought: House Disburse Senate President	ement For: 2016 Primary General Other (specify) ▼	Туре	Memo Item
State: OH District: Full Name (Last, First, Middle Initial)			Data of Distance and
C			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
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Senate	ement For: Primary General		Memo Item
State: District:	Other (specify)		
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