

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 01 2006 through 09 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Nicholas Meyers

Signature of Treasurer Electronically Filed by Mr. Nicholas Meyers Date 07 11 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Psychiatric Association Political Action Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		28702.92
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	4652.09									
(c) Total Receipts (from Line 19) .....	18122.00	147740.93								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	22774.09	176443.85								
7. Total Disbursements (from Line 31) .....	20310.03	173979.79								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	2464.06	2464.06								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
American Psychiatric Association Political Action Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	9550.00	82800.00
(i) Itemized (use Schedule A) .....	8572.00	64940.93
(ii) Unitemized .....	18122.00	147740.93
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	18122.00	147740.93
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 Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	18122.00	147740.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	18122.00	147740.93

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	7310.03	39582.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	7310.03	39582.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	13000.00	131352.09
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	545.00
(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	545.00
29. Other Disbursements.....	0.00	2500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	20310.03	173979.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	20310.03	173979.79

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	18122.00	147740.93
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	545.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18122.00	147195.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	7310.03	39582.70
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	7310.03	39582.70

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 20
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Carl Bell		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 8704 S Constance Avenue		<b>Transaction ID:</b> 53827-15589541196823
City State Zip Code Chicago IL 60617-2746	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CMHC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Adrian Buckner		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 110 Copper Court		<b>Transaction ID:</b> 36713-98247927427292
City State Zip Code Johnson City TN 37601-3059	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> David Davis		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 20101 Southwest Birch Street Suite		<b>Transaction ID:</b> 61100-27300661802292
City State Zip Code Newport Beach CA 92660-1749	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mary Helen Davis		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2006	
Mailing Address 105 Lyndon Lane Suite 106		<b>Transaction ID:</b> 46268-24201601743698	
City State Zip Code Louisville KY 40222-5550	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 615.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Victoria Dunckley		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 4116 E 11th Street		<b>Transaction ID:</b> 36713-93650454282761	
City State Zip Code Long Beach CA 90804-4239	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Michael Gales		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 11847 Wilshire Boulevard Suite 303		<b>Transaction ID:</b> 61855-23675173521042	
City State Zip Code Los Angeles CA 90025-6634	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	650.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Harold Ginzburg		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2006	
Mailing Address 3340 Severn Avenue Suite 200		<b>Transaction ID:</b> 44566-86373537778855	
City State Zip Code Metairie LA 70002-7402	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Marcia Goin		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 2500 Park Oak Drive		<b>Transaction ID:</b> 36713-50077456235886	
City State Zip Code Los Angeles CA 90068-2542	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Joseph Haas		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 2294 Lagoon Drive		<b>Transaction ID:</b> 61855-93365114927292	
City State Zip Code Dunedin FL 34698-2530	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Radwan Haykal</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address 9065 Bridge Forest Drive		<b>Transaction ID:</b> 61814-70843142271042
City State Zip Code Germantown TN 38138-8462	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. James Hogrebe</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 152 Sunset Ter		<b>Transaction ID:</b> 36713-36640566587448
City State Zip Code Laguna Beach CA 92651-3967	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer self-employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Paula Lockhart</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006
Mailing Address 3901 Greenspring Avenue		<b>Transaction ID:</b> 07742-76850527524948
City State Zip Code Baltimore MD 21211-1353	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Kennedy Krieger Institute	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 20
	<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. Lesley MacArthur</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006	
Mailing Address 1001 Dove Street Suite 275		<b>Transaction ID: 41431-59656924009323</b>	
City State Zip Code Newport Beach CA 92660-2815	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Kiply Myers</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006	
Mailing Address 4813 N Ashcroft Lane		<b>Transaction ID: 02541-52123659849167</b>	
City State Zip Code Bloomington IN 47404-1242	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed 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>C. Kiply Myers</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 4813 N Ashcroft Lane		<b>Transaction ID: 57904-22382754087448</b>	
City State Zip Code Bloomington IN 47404-1242	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed 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		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 20
	<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.</b> Donna Norris		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address PO Box 812294		<b>Transaction ID:</b> 36713-21892946958542	
City Wellesley	State MA	Amount of Each Receipt this Period 250.00	
Zip Code 02482-0016			
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Tom Noyes		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address PO Box 7553		<b>Transaction ID:</b> 65641-33837527036667	
City Laguna Niguel	State CA	Amount of Each Receipt this Period 250.00	
Zip Code 92607-7553			
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Paul O'Leary		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 1225 50th St. S		<b>Transaction ID:</b> 61992-62768191099167	
City Birmingham	State AL	Amount of Each Receipt this Period 250.00	
Zip Code 35222-3915			
FEC ID number of contributing federal political committee. C			
Name of Employer self-employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 20
	<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.** Full Name (Last, First, Middle Initial)  
Seth Powsner

Mailing Address 20 York Street  
2039 Cb

City State Zip Code  
New Haven CT 06510-3220

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

Name of Employer Occupation  
Yale University Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 05 / 2006

**Transaction ID:** 18695-41962832212448

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Andres Pumariega

Mailing Address PO Box 70567

City State Zip Code  
Johnson City TN 37614-1707

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

Name of Employer Occupation  
The Reading Hospital and Medical Centre 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  
09 / 19 / 2006

**Transaction ID:** 36713-76737612485886

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Carolyn Robinowitz

Mailing Address 5225 Connecticut Avenue Northwest

City State Zip Code  
Washington DC 20015-1813

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

Name of Employer Occupation  
Self Employed Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2006

**Transaction ID:** 63415-69829958677292

Amount of Each Receipt this Period  
1250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Joseph Rubin		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006
Mailing Address 121 Middle Street		<b>Transaction ID:</b> 18695-20789736509323
City State Zip Code Portland ME 04101-4156	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> George Santos		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006
Mailing Address 5151 San Felipe Street Suite 1470		<b>Transaction ID:</b> 59730-47382754087448
City State Zip Code Houston TX 77056-3632	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Kenneth Steinhoff		Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2006
Mailing Address 15615 Alton Parkway		<b>Transaction ID:</b> 84471-00111025571823
City State Zip Code Irvine CA 92618-3341	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer University of CA Irvine Bldg 3 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 20
	<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.</b> Robert Torchin		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2006	
Mailing Address 10 Fox Lane		<b>Transaction ID:</b> 47013-38525027036667	
City State Zip Code Newton Center MA 02459-3024	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> John Wernert		Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2006	
Mailing Address 1776 Summerlakes Court		<b>Transaction ID:</b> 57904-70371645689011	
City State Zip Code Carmel IN 46032-9679	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Indiana Geriatric Associa- ties	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ralph Wharton		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2006	
Mailing Address 1070 Park Avenue # 1D		<b>Transaction ID:</b> 47013-89735049009324	
City State Zip Code New York NY 10128-1000	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 / 20	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Roger Wu

Mailing Address 720 Sacramento Street

City State Zip Code  
San Francisco CA 94108-2505

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

Name of Employer Occupation  
Chinatown Child Development Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2006

**Transaction ID:** 63781-48458498716354

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	9550.00

**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)

PAGE 16 / 20

<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.** National Capital Teleserv

Mailing Address 300 Fifth Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Non-Candidate Support Tele-Fundr Exp

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: V48335-3016473650932

Date of Disbursement

07 / 12 / 2006

Amount of Each Disbursement this Period

7310.03

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

7310.03

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

7310.03



**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) <b>A. Beilenson for Congress</b>		<b>Transaction ID:</b> 46268-2239343523979 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address 407 Hollen Road		Amount of Each Disbursement this Period 1000.00
City Baltimore State MD Zip Code 21212		
Purpose of Disbursement 2006 General	011 Category/ Type	
Candidate Name Peter Beilenson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Ben Chandler for Congress</b>		<b>Transaction ID:</b> 56058-2776300311088 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address PO Box 12678		Amount of Each Disbursement this Period 1500.00
City Lexington State KY Zip Code 40508		
Purpose of Disbursement 2006 General	011 Category/ Type	
Candidate Name Albert Chandler		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Boyd for Congress</b>		<b>Transaction ID:</b> 61855-8871271014213 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address PO Box 15703		Amount of Each Disbursement this Period 1000.00
City Tallahassee State FL Zip Code 32317		
Purpose of Disbursement 2006 General	011 Category/ Type	
Candidate Name F. Boyd		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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) <b>A. Chafee for Senate</b>		<b>Transaction ID:</b> 42509-8462945818901 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address PO Box 7329		Amount of Each Disbursement this Period 1000.00
City Warwick State RI Zip Code 02887	Purpose of Disbursement 2006 Primary Candidate Name Lincoln Chafee Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District:	
Purpose of Disbursement 2006 Primary		
Candidate Name Lincoln Chafee		

Full Name (Last, First, Middle Initial) <b>B. John Lewis for Congress</b>		<b>Transaction ID:</b> 56058-8335992693901 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 2015 Wallace Road		Amount of Each Disbursement this Period 1000.00
City Atlanta State GA Zip Code 30331	Purpose of Disbursement 2006 General Candidate Name John Lewis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 05	
Purpose of Disbursement 2006 General		
Candidate Name John Lewis		

Full Name (Last, First, Middle Initial) <b>C. Kennedy for Senate 2012</b>		<b>Transaction ID:</b> 61855-4576990008354 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address 301 4th Street Northeast Suite 202		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20002	Purpose of Disbursement 2006 General Candidate Name Edward Kennedy Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District:	
Purpose of Disbursement 2006 General		
Candidate Name Edward Kennedy		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 20

<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) <b>A. McCaskill for Missouri</b>		<b>Transaction ID:</b> 42509-9559137225151 Date of Disbursement 08 / 07 / 2006
Mailing Address PO Box 300077		Amount of Each Disbursement this Period 1000.00
City St. Louis      State MO      Zip Code 63130		
Purpose of Disbursement 2006 General	011 Category/ Type	
Candidate Name Claire McCaskill		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO      District:		

Full Name (Last, First, Middle Initial) <b>B. Moore for Congress</b>		<b>Transaction ID:</b> 02960-3357660174369 Date of Disbursement 07 / 27 / 2006
Mailing Address PO Box 14631		Amount of Each Disbursement this Period 1000.00
City Shawnee Mission      State KS      Zip Code 66285		
Purpose of Disbursement 2006 Primary	011 Category/ Type	
Candidate Name Dennis Moore		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KS      District: 03		

Full Name (Last, First, Middle Initial) <b>C. National Leadership Pac</b>		<b>Transaction ID:</b> 56058-4464990496635 Date of Disbursement 09 / 08 / 2006
Mailing Address PO Box 5577 Manhattenville Station		Amount of Each Disbursement this Period 1000.00
City New York      State NY      Zip Code 10027		
Purpose of Disbursement 2006 Contribution	011 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State:      District:	2006 Contribution	

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **3000.00**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 20

<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) <b>A. Richard E Neal for Congress Committee</b>		<b>Transaction ID:</b> 56058-5187188982963
Mailing Address 76 Magnolia Terrace		Date of Disbursement 09 / 08 / 2006
City Springfield	State MA	Zip Code 01108
Purpose of Disbursement 2006 Primary		Amount of Each Disbursement this Period 1000.00
Candidate Name Richard Neal		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA	District: 02	

Full Name (Last, First, Middle Initial) <b>B. Schwarz for Congress</b>		<b>Transaction ID:</b> 46268-1752282977104
Mailing Address Post Office Box 2063		Date of Disbursement 07 / 19 / 2006
City Battle Creek	State MI	Zip Code 49016
Purpose of Disbursement 2006 Primary		Amount of Each Disbursement this Period 500.00
Candidate Name John Schwarz		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI	District: 07	

Full Name (Last, First, Middle Initial) <b>C. Snyder for Congress Campaign Committee</b>		<b>Transaction ID:</b> 61855-2487146258354
Mailing Address PO Box 250998		Date of Disbursement 09 / 21 / 2006
City Little Rock	State AR	Zip Code 72225
Purpose of Disbursement 2006 General		Amount of Each Disbursement this Period 1000.00
Candidate Name Vic Snyder		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AR	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>13000.00</b>