07/29/2011 10:46

Image# 11932119918

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Oth	ner Than An A	uthorized Con	nmittee		Office Use Only	
1. NAME OF COMMITTEE (in full)		C MAILING LABE E OR PRINT ₩	L Example:If over the lin	typing, type nes			
American Psychiatric A	Association Polit	ical Action Commit	tee				
					1 1 1 1 1		
ADDRESS (number and stree	et) 1000 Suite	Wilson Boulevard					
Check if different than previously reported. (ACC)	Arling	ton			L ^{VA}	22209	-
2. FEC IDENTIFICATION	NUMBER	\	CITY A		STATE	ZIPCO	DDE 🛕
C00373696		3.	IS THIS REPORT	NEW (N) OR	AN (A)	MENDED)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports April 15 Quarterly Reports July 15 Quarterly Reports October 15 Quarterly Reports January 31 Quarterly Report(None-eyear Only) (None-eyear Only) (None-e	coort(Q1) (foott(Q2) coort(Q3) coort(YE) (fear election //Y)	Due On: 12-Day PRE-Election Report for the: Ele 30-Day Post -Electior Report for the:	Conve	May 20 (M5 Jun 20 (M6) Jul 20 (M7) ry (12P) ention (12C) al (30G)	Sep	in the	Special (30S)
5. Covering Period	02	2011	thre	ough 0 6	30	2011	l
I certify that I have examined Type or Print Name of Treas		d to the best of my olas Meyers	knowledge and bel	ief it is true, correc	t and complete.		
Signature of Treasurer E	lectronically File	ed by Nicholas M	1eyers		Date 07	29	2011
NOTE : Submission of false	e, erroneous, or	incomplete informa	tion may subject th	ne person signing t	his Report to the	penalties of 2 U.	S.C 437g.
Office Use						FEC FOR	

FE6AN026

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

D D [®]D 02 0 1 2011 0.6 3 0 2011 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2011[°] 68645.26 January 1 (b) Cash on Hand at 74417.30 Begining of Reporting Period 58638.53 64768.53 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 133055.83 133413.79 6(a) and 6(c) for Column B) 103458.90 103816.86 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 29596.93 29596.93 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Psychiatric Association Political Action Committee

м м 0 2 0 1 м°м 06 3 0 2011 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 41810.00 45110.00 (i) Itemized (use Schedule A) 7145.00 9975.00 (ii) Unitemized (iii) TOTAL (add 48955.00 55085.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 48955.00 55085.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 9683.53 9683.53 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 58638.53 64768.53 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 58638.53 64768.53

FE6AN026

(subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	1458.90	1816.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	1458.90	1816.86
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	102000.00	102000.00
4. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))	0.00	0.00
(use Schedule F)	0.00	0.00
. ,		
27. Loans Made	0.00	0.00
Than Political Committees	0.00	0.00
(b) Political Party Committees (c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements	0.00	0.00
O. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (b) 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))	103458.90	103816.86
_		
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)	100450.00	100010.00
from Line 31)	103458.90	103816.86

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Fotal Contributions (other than loans) from Line 11(d), page 3)	48955.00	55085.00
Fotal Contribution Refunds from Line 28(d))	0.00	0.00
Net Contributions (other than loans) (subtract Line 34 from Line 33)	48955.00	55085.00
otal Federal Operating Expenditures add Line 21(a)(i) and Line 21(b))	1458.90	1816.86
Offsets to Operating Expenditures from Line 15, page 3)	9683.53	9683.53
let Operating Expenditures subtract Line 37 from Line 36)	-8224.63	-7866.67

FE6AN026

	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Report or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any person sing the name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
American Psychiatric Association	on Political Action Committee	
Full Name (Last, First, Middle Initial) Jeffrey Akaka		Date of Receipt
Mailing Address PO Box 11780		04 29 2011
City Honolulu	State Zip Code HI 96828-0780	Transaction ID: C1278462 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Marya J Alexander Mailing Address 309 Tall Oak		Date of Receipt
		06 17 2011
City Irvine	State Zip Code CA 92603-0673	Transaction ID: C1326648 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Daniel J Anzia		Date of Receipt
Mailing Address 7238 Franklin St Apt G	t	03 / 02 / 7 7 7 7
City <u>Forest Park</u>	State Zip Code IL 60130-1177	Transaction ID: C1240625 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1500.00
Name of Employer Self Employed	Occupation Physician	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (opt	ional)	2750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Psychiatric Association Pole	Statements may not be sold or used by any perso e name and address of any political committee to litical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Peter Armanas Mailing Address 10710 Croydon Ct. City Woodstock FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code MD 21163 C Occupation Physician Aggregate Year-to-Date	Date of Receipt M M M / 29 / 2011 Transaction ID: C1278456 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) John Temple Bailey Mailing Address 2100 Centerville Rd Ste D City Tallahassee FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code FL 32308-4370 C Occupation Physician Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 3 2 1 2 0 1 1 Transaction ID: C1258044 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Robert Scott Benson Mailing Address 5190 Bayou Blvd Ste 6 City Pensacola FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code FL 32503-2162 C Occupation Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 4 1 5 2 0 1 1 Transaction ID: C1278422 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional) .	>	1250.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Psychiatric Association Pol	litical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Brian Theodore Benton			Date of Receipt
	Mailing Address 198 Ross Hill Rd	O	7: 0.1	04 / 15 / 2011
	City Lisbon	State CT	Zip Code 06351-2824	Transaction ID: C1278441
	FEC ID number of contributing federal political committee.	C	00331-2024	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
— В.	Full Name (Last, First, Middle Initial) Carolyn Brada Mailing Address 52 S Mission Rd			Date of Receipt
	Mailing Address 52 S Mission Nd			04 15 2011
	City	State	Zip Code	Transaction ID: C1278436
	Eastborough FEC ID number of contributing federal political committee.	KS C	67207-1036	Amount of Each Receipt this Period 1000.00
	Name of Employer N/A	Occupation Homema		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
_ C.	Full Name (Last, First, Middle Initial) Donald Robert Brada			Date of Receipt
	Mailing Address 1010 N Kansas St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Wichita	State KS	Zip Code 67214-3124	Transaction ID: C1278423 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	07214-3124	1000.00
	Name of Employer KUSM	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	, ' ' ' 	e Year-to-Date ▼ 1000.00	
Γ,	SUBTOTAL of Receipts This Page (optional) .			2500.00
T.	FOTAL This Period (last page this line numbe	r only)	•	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate for each cateç Detailed Sum	gory of the	FOR LINE NUMBER: PAGE 9 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or use name and address of any politi	sed by any person cal committee to so	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Psychiatric Association Po	itical Action Committee		
	Full Name (Last, First, Middle Initial) Kristin M Brousseau			Date of Receipt
	Mailing Address 1985 Bluebell Ave	State Zip Code		05 11 2011 2011
	City Boulder	State Zip Code CO 80302-8023	3	Transaction ID: C1288157 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00	
	Full Name (Last, First, Middle Initial) Richard L Buccigross	1		Date of Receipt
	Mailing Address 4550 Kearny Villa Rd Ste 214			02 09 7 2011
	City	State Zip Code		Transaction ID: C1292704
	San Diego FEC ID number of contributing federal political committee.	CA 92123-1563		Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00	
	Full Name (Last, First, Middle Initial) Adrian C Buckner			Date of Receipt
	Mailing Address 110 Copper Ct			06 27 YYYY
	City	State Zip Code		Transaction ID: C1321038
	Johnson City FEC ID number of contributing federal political committee.	TN 37601-3059		Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00	
Γ,	SUBTOTAL of Receipts This Page (optional)			750.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	NAME OF COMMITTEE (In Full) American Psychiatric Association Poli	name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Louise I Buhrmann Mailing Address 1485 S Semoran Blvd Ste 1454 City	State	Zip Code	Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
	Winter Park FEC ID number of contributing federal political committee.	C	32792-5508	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Physicial Aggregate		
В.	Full Name (Last, First, Middle Initial) Ronald M Burd Mailing Address 100 4th St S			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Fargo	State ND	Zip Code 58122-0001	Transaction ID: C1295066 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Merit Care South University Receipt For: Primary General Other (specify) ▼	Occupation Physicia Aggregate		
С.	Full Name (Last, First, Middle Initial) Kenneth Michael Certa Mailing Address 833 Chestnut St Ste 210			Date of Receipt M
	City	State PA	Zip Code	Transaction ID: C1278431
	Philadelphia FEC ID number of contributing federal political committee.	C	19107-4405	Amount of Each Receipt this Period 1000.00
	Name of Employer Self Employed	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			2250.00
	TOTAL This Period (last page this line number	onlv)		

Any information copied from such Reports and Stat or for commercial purposes, other than using the not NAME OF COMMITTEE (In Full) American Psychiatric Association Politic Full Name (Last, First, Middle Initial) Anna M Chapman Mailing Address 51 Christopher St City New York FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	ame and address of any political committee to s	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Anna M Chapman Mailing Address 51 Christopher St City New York FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	NY 10014-3530 C Occupation Psychiatrist Aggregate Year-to-Date	Transaction ID: C1295092 Amount of Each Receipt this Period 250.00
Receipt For: Primary General	Psychiatrist Aggregate Year-to-Date ▼	Date of Descipt
		Data of Descript
Full Name (Last, First, Middle Initial) Clarence Paul Chou Mailing Address 9455 W Watertown Plan	ık Rd	Date of Receipt M
City	State Zip Code	Transaction ID: C1258040
Milwaukee FEC ID number of contributing federal political committee.	WI 53226-3559	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Nicole A Christenson		Date of Receipt
Mailing Address 3409 S Jesse James Cir		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1278438
Sioux Falls FEC ID number of contributing federal political committee.	SD 57103-7163	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	>	1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using t	d Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Psychiatric Association Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Charles Peter Ciolino		Date of Receipt
Mailing Address 36 Smithfield Ct	State Zip Code	05 / 06 / 2011
City <u>Basking Ridge</u>	NJ 07920-2779	Transaction ID: C1295099 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Kelly J Clark		Date of Receipt
Mailing Address 500 Patroon Creek E		04 / 15 / 2011
City	State Zip Code	Transaction ID: C1278434
Albany FEC ID number of contributing federal political committee.	NY 12206-5006	Amount of Each Receipt this Period 250.00
Name of Employer CDPHP	Occupation Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Anthony Dagostino		Date of Receipt
Mailing Address 688 Thompsons Wa	ıy	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1326655
Inverness FEC ID number of contributing federal political committee.	IL 60067-4779	Amount of Each Receipt this Period 250.00
Name of Employer ABBHH	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional))	750.00
TOTAL This Period (last page this line numb	·	

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) Aniting Address 688 Thompsons Way City State Zip Code Inverness IL 60087-4779 FEC ID number of contributing federal political committee. Name of Employer ABBHH Physician Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Amay Helen Davis Mailing Address 4001 Dutchmans Lin Site 1A City State Zip Code Louisville KY 40207-4731 FEC ID number of contributing federal political committee. Name of Employer Aggregate Year-to-Date ▼ Occupation Physician Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ Occupation Physician Receipt For: Occupation Physician Receip	I	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS Any information copied from such Reports and St.	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
Authory Dagostino Mailing Address 688 Thompsons Way City City State Zip Code Inverness IL 60067-4779 FEC ID number of contributing federal political committee. Name of Employer All State Zip Code Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) May federal political committee. C State Zip Code Primary General Other (specify) ▼ Date of Receipt this Period FEC ID number of contributing federal political committee. Date of Receipt Ton: Primary General Other (specify) ▼ Date of Receipt Ton Date ▼ Primary State Zip Code Extra 4001 Dutchmans Ln State Zip Code Extra 4001 Dutchmans Ln State Zip Code Extra 40027-4731 FEC ID number of contributing federal political committee. Name of Employer Self Employed Physician Receipt For: Primary General Other (specify) ▼ Primary General Other (specify) ▼ Date of Receipt Ton Date ▼ Date of Receipt Ton Date ▼ Date of Receipt Ton Date Ton		r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	solicit contributions from such committee.
City State Zip Code IL 60067-4779	∠ 4.	Anthony Dagostino			-
Inverness IL 60067-4779					06 24 2011
FEC ID number of contributing federal political committee. Name of Employer ABBHH Receipt For:				·	
Receipt For:		FEC ID number of contributing		00007-4779	
Primary General Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) May Helen Davis Mailing Address 4001 Dutchmans Ln Ste 1A City State Zip Code KY 40207-4731 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) John M De Figueiredo Mailing Address PO Box 573 City State Zip Code Mailing Address PO Box 573 City State Zip Code Cheshire CT 08410-0573 FEC ID number of contributing federal political committee. C T 08410-0573 Receipt For: Primary General Other (specify) ▼ 250.00 C Cocupation Physician Aggregate Year-to-Date ▼ Other (specify) ▼ 250.00		Name of Employer ABBHH			
Mary Helen Davis Mailing Address 4001 Dutchmans Ln Ste 1A City Louisville FEC ID number of contributing federal political committee. Name of Employer Self Employed Mailing Address PO Box 573 City State Zip Code KY 40207-4731 Transaction ID: C1258229 Amount of Each Receipt this Period FEUI Name (Last, First, Middle Initial) John M De Figueiredo Mailing Address PO Box 573 City State Zip Code CT 06410-0573 FEC ID number of contributing federal political committee. C State Zip Code CT 06410-0573 Transaction ID: C1258229 Amount of Each Receipt this Period Date of Receipt Transaction ID: C1258229 Amount of Each Receipt this Period Transaction ID: C1258229 Amount of Each Receipt this Period Transaction ID: C1318535 Amount of Each Receipt this Period EC 10 number of contributing federal political committee. Name of Employer Self Employed Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼		Primary General	Aggregate		
Ste 1A City Louisville State Zip Code KY 40207-4731 FEC ID number of contributing federal political committee. Name of Employer Self Employed Primary General Other (specify) ▼ State Zip Code CCupation Physician Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) John M De Figueiredo Mailing Address PO Box 573 City Cheshire FEC ID number of contributing federal political committee. State Zip Code CT 06410-0573 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation Physician Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	 B.				Date of Receipt
Louisville KY 40207-4731 FEC ID number of contributing federal political committee. Name of Employer Self Employer Self Employed Physician Receipt For: Other (specify) ▼		Ste 1A			03 14 2011
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) John M De Figueiredo Mailing Address PO Box 573 City State Zip Code Cheshire CT 06410-0573 FEC ID number of contributing federal political committee. Name of Employer Self Employed Primary General Other (specify) ▼ Occupation Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		•		•	
Receipt For: Primary General		FEC ID number of contributing		40207-4731	
Other (specify) ▼ Full Name (Last, First, Middle Initial) John M De Figueiredo Mailing Address PO Box 573 City Cheshire CT O6410-0573 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date Aggregate Year-to-Date Tansaction ID: C1318535 Amount of Each Receipt this Period 250.00		Name of Employer Self Employed			
Date of Receipt Mailing Address PO Box 573 City State Zip Code Cheshire CT 06410-0573 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M / D D / 2 6 / 2 0 1 1 Transaction ID: C1318535 Amount of Each Receipt this Period 250.00		Primary General	Aggregate	1 1 1 1 1 1 1	
City Cheshire CT 06410-0573 FEC ID number of contributing federal political committee. Name of Employer Self Employed Physician Receipt For: Primary Other (specify) ▼ Primary Other (specify) ▼ Primary Other (specify) ▼ Primary CT CT 06410-0573 Amount of Each Receipt this Period 250.00 Aggregate Year-to-Date 250.00	_).	,			Date of Receipt
City State Zip Code CT 06410-0573 Cheshire CT 06410-0573 FEC ID number of contributing federal political committee. Name of Employer Self Employed Primary General Other (specify) ▼ State Zip Code Transaction ID: C1318535 Amount of Each Receipt this Period 250.00 Aggregate Year-to-Date ▼ 250.00		Mailing Address PO Box 573			
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00		City	State	Zip Code	
federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date 250.00		Cheshire	CT	06410-0573	Amount of Each Receipt this Period
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date 250.00			C		250.00
Primary General Other (specify) ▼ 250.00		Self Employed			
SUBTOTAL of Receipts This Page (optional)		Primary General	Aggregate		
,		SUBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Psychiatric Association Policy	Statements may not be sold or used by any person e name and address of any political committee to stitical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Russell William Denea Mailing Address 268 Broadway Ste 202 City Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code NY 12866-4271 C Occupation Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) Full Name (Last, First, Middle Initial) Russell William Denea Mailing Address 268 Broadway Ste 202 City Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	State Zip Code NY 12866-4271 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / 26 / 2011 Transaction ID: C1318552 Amount of Each Receipt this Period 100.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Franklin H Dines Mailing Address 10850 Wilshire Blvd Ste 1175 City Los Angeles FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code CA 90024-4327 C Occupation Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y 0 5 2 0 1 1 Transaction ID: C1295098 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	650.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	Check only one
Any information copied from such Report or for commercial purposes, other than us	s and Statements may not be sold or used by any pe sing the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Psychiatric Association	on Political Action Committee	
Full Name (Last, First, Middle Initial) Frederick Falvo		Date of Receipt
Mailing Address 1620 Valle Del S	Sol	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1321033
Redlands FEC ID number of contributing federal political committee.	CA 92373-7438	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) David Fassler		Date of Receipt
Mailing Address 86 Lake St		0 4
City Burlington	State Zip Code VT 05401-5297	Transaction ID: C1278449
FEC ID number of contributing federal political committee.	C 03401-3297	Amount of Each Receipt this Period 250.00
Name of Employer Otter Creek Associates	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) William P Fowler		Date of Receipt
Mailing Address 190 Presidential Unit 510	Blvd	0 3 0 3 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Bala Cynwyd	State Zip Code PA 19004-1159	Transaction ID: C1295070 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Psychiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (ont	ional)	750.00

SCHEDULE A	(FEC Form 3X) CEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 60 (check only one) X 11a
or for commercial purp	oses, other than using the name	ents may not be sold or used by any perso and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMI American Psych	TTEE (In Full) iatric Association Political A	action Committee	
Full Name (Last, Fi	erson		Date of Receipt
Mailing Address			06 24 2011
City <u>Columbia</u>		itate Zip Code SC 29205-2539	Transaction ID: C1321036
FEC ID number of federal political con	contributing		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed		cupation ysician	
Receipt For: Primary Other (specif	General	gregate Year-to-Date ▼ 250.00	
Full Name (Last, Fi	· ,		Date of Receipt
Mailing Address	18040 Sherman Way		04 15 2011
City		tate Zip Code	Transaction ID: C1278447
Reseda		CA 91335-4631	Amount of Each Receipt this Period
FEC ID number of federal political con	nmittee.		500.00
Name of Employer Self Employed		cupation ysician	
Receipt For:		gregate Year-to-Date ▼	
Primary Other (specif	General y) ▼	500.00	
Full Name (Last, Fi	•		Date of Receipt
Mailing Address	267 N 15th Ave		0 6 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		tate Zip Code	Transaction ID: C1326645
Beech Grove		N 46107-1119	Amount of Each Receipt this Period
FEC ID number of federal political con	nmittee.		500.00
Name of Employer Information Reques	sted Oc Inf	cupation ormation Requested	
Receipt For: Primary Other (specif	General	gregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Recei	ots This Page (optional)		1250.00
		·	

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 60 (check only one) X
or for co	rmation copied from such Reports and St mmercial purposes, other than using the E OF COMMITTEE (In Full) crican Psychiatric Association Polit	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Danie Mailir City Beec FEC feder	Jame (Last, First, Middle Initial) In Thomas Hackman Ing Address 267 N 15th Ave Ch Grove ID number of contributing all political committee. In of Employer mation Requested in the For: Primary General Other (specify)	_	Zip Code 46107-1119 n on Requested Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 6 1 7 2 0 1 1 Transaction ID: C1326652 Amount of Each Receipt this Period 500.00
B. Dona Mailir City Billir FEC feder Name Self I	Jame (Last, First, Middle Initial) Id L Harr Ing Address 3010 Wendimere Ln Ings ID number of contributing al political committee. e of Employer Employed ipt For: Primary General Other (specify)	State MT C Occupation Physician Aggregate		Date of Receipt M M M / 29 / 2011 Transaction ID: C1278429 Amount of Each Receipt this Period 500.00
City Broce FEC feder Name Self I	Jame (Last, First, Middle Initial) ory G Harris 1415 Beacon St Ste 320 okline ID number of contributing al political committee. of Employer Employed ipt For: Primary General Other (specify)	State MA C Occupation Physician Aggregate		Date of Receipt M M
SUBTO	TAL of Receipts This Page (optional)			1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 60 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Psychiatric Association P	d Statements may not be sold or used by any per the name and address of any political committee	rson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Lawrence D Harter Mailing Address 603 Stone Cir		Date of Receipt
City Watertown FEC ID number of contributing	State Zip Code NY 13601-3267	Transaction ID: C1271919 Amount of Each Receipt this Period 500.00
Receipt For: Primary Other (specify)	Occupation Physician Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Edward Scott Hartmann Mailing Address 28 E 73rd St		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City New York FEC ID number of contributing federal political committee.	State Zip Code NY 10021-4143 C	Transaction ID: C1295095 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) David B Henley Mailing Address 630 Teetor Rd		Date of Receipt 0 2 0 4 2 0 1 1
City Hagerstown FEC ID number of contributing federal political committee.	State Zip Code IN 47346-9617	Transaction ID: C1292700 Amount of Each Receipt this Period 200.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)	950.00

SCHEDULE A (FEC FOR ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	ports and Statements may not be sold or used by any person using the name and address of any political committee to ation Political Action Committee	solicit contributions from such committee.
Full Name (Last, First, Middle Initial David B Henley	<u> </u>	Date of Receipt
Mailing Address 630 Teetor Ro	d	02 04 2011
City	State Zip Code	Transaction ID: C1292701
<u>Hagerstown</u>	IN 47346-9617	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial David B Henley	l (ki	Date of Receipt
Mailing Address 630 Teetor Re	d	M M / D D / Y Y Y Y Y O D O O O O O O O O O O O O O
City	State Zip Code	Transaction ID: C1329715
Hagerstown	IN 47346-9617	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initia Edward Richard Herman		Date of Receipt
Mailing Address 6 Butternut R	d	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1318559
Briarcliff	NY 10510-2222	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	650.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Psychiatric Association	and Statements may not be sold or used by any perso g the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Bruce Alan Hershfield Mailing Address 1415 Cold Bottom City	State Zip Code	Date of Receipt 0 3
Sparks Glenco FEC ID number of contributing federal political committee.	MD 21152-9520	Amount of Each Receipt this Period 150.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 300.00	
Full Name (Last, First, Middle Initial) Bruce Alan Hershfield Mailing Address 1415 Cold Bottom	Rd	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1278448
Sparks Glenco	MD 21152-9520	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dilip V Jeste		Date of Receipt
Mailing Address 9500 Gilman Dr Dept 664		03 14 2011
City	State Zip Code CA 92093-0664	Transaction ID: C1258224
La Jolla FEC ID number of contributing federal political committee.	CA 92093-0664	Amount of Each Receipt this Period 1000.00
Name of Employer University of California, San Diego Receipt For:	Occupation Physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SURTOTAL of Receipts This Page (ention	al)	1300.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 60 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Psychiatric Association P	olitical Action	Committee	
Full Name (Last, First, Middle Initial) George Edward Kalousek			Date of Receipt
Mailing Address 11287 Ranch Pl			0 4 1 5 2 0 1 1
City	State	Zip Code	Transaction ID: C1278439
Denver	CO	80234-2626	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Judith F Kashtan			Date of Receipt
Mailing Address 825 Nicollet Mall 1246 Medical Arts B	Building		02 28 2011
City	State	Zip Code	Transaction ID: C1258039
Minneapolis	MN	55402-2508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupatio Physicia		
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		365.00	
Full Name (Last, First, Middle Initial) Michael F Koch			Date of Receipt
Mailing Address 308 Seymour PI SE			0 3 0 2 2 0 1 1
City	State	Zip Code	Transaction ID: C1240623
<u>Minneapolis</u>	MN	55414-3677	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupatio Physicial	n	
Receipt For:	Aggregate	e Year-to-Date ▼	_
Primary General Other (specify) ▼		250.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 60 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Psychiatric Association F		• •	
Full Name (Last, First, Middle Initial) Louis James Kraus			Date of Receipt
Mailing Address 910 Skokie Blvd Ste 230			0 5 2 6 Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1318543
Northbrook FEC ID number of contributing federal political committee.	C	60062-4040	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	 ' _ '	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Saul Marc Levin	I		Date of Receipt
Mailing Address 2 E Erie St Apt 3703			05 26 7 2011
City <u>Chicago</u>	State IL	Zip Code 60611-3158	Transaction ID: C1318540 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00011 0100	500.00
Name of Employer Self Employed	Occupatio Physicial		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Brian Paul Lipton	<u> </u>		Date of Receipt
Mailing Address 1111 Park Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City New York	State NY	Zip Code	Transaction ID: C1278453
FEC ID number of contributing federal political committee.	C	10128-1234	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 60 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Psychiatric Association P	d Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to political Action Committee	
Full Name (Last, First, Middle Initial) Benjamin Liptzin Mailing Address 759 Chestnut St City Springfield FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code MA 01199-1001 C Occupation Physician	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Glenn Andrew Martin Mailing Address 1 Ascan Ave Apt 24 City Forest Hills FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NY 11375-6084 C Occupation Physician Aggregate Year-to-Date 250.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Nicholas Meyers Mailing Address 1000 Wilson Blvd Ste 1825 City Arlington FEC ID number of contributing federal political committee. Name of Employer American Psychiatric Association Receipt For: Primary General Other (specify)	State Zip Code VA 22209-3924 C Occupation Director, DGR Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C1240626 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional		1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 60 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Psychiatric Association Personal Properties of the Properties	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Susan A Minchin Mailing Address Ste 1221T City	State	Zip Code	Date of Receipt 0 2 1 1 1 2 0 1 1 Transaction ID: C1292706
Clayton FEC ID number of contributing federal political committee.	MO	63105-3521	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Physicial Aggregate		
Full Name (Last, First, Middle Initial) Jason Edward Mondale Mailing Address 1 Widger Rd Medical Office Build City Marblehead FEC ID number of contributing	State MA	Zip Code 01945-2146	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify) ▼	Occupation Physician Aggregate		
Full Name (Last, First, Middle Initial) James Edward Nininger Mailing Address 10 E 78th St Ste 5A City New York FEC ID number of contributing	State NY	Zip Code 10075-1734	Date of Receipt M M M / D D D / Y Y Y Y Y O 3 1 4 2 0 1 1 Transaction ID: C1258226 Amount of Each Receipt this Period
federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		500.00
SUBTOTAL of Receipts This Page (optional))		1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 60 (check only one) X 11a
or f	y information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Psychiatric Association Polit	name and add	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Paul J O'Leary Mailing Address 1225 50th St S City Birmingham FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State AL C Occupatio Physician Aggregate	n e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 4 1 5 2 0 1 1 Transaction ID: C1278427 Amount of Each Receipt this Period 250.00
3.	Other (specify) Full Name (Last, First, Middle Initial) John M Oldham Mailing Address 4017 Overbrook Ln. City Houston FEC ID number of contributing federal political committee. Name of Employer The Menninger Clinic	State TX C		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 C.	Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Norma C Panahon Mailing Address 12 Hidden Pines Ct	Physicial Aggregate	e Year-to-Date ▼ 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City East Amherst FEC ID number of contributing federal political committee. Name of Employer Self Employed	State NY C Occupatio Physicial		Transaction ID: C1318564 Amount of Each Receipt this Period 250.00
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
SU	JBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedu for each category of Detailed Summary P	the (crieck only one)
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Psychiatric Association F	the name and address of any political con	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Barry Bruce Perlman Mailing Address 515 W End Ave		Date of Receipt
City New York FEC ID number of contributing	State Zip Code NY 10024-4345	Transaction ID: C1278430 Amount of Each Receipt this Period
Receipt For: Primary Other (specify)	Occupation Physician Aggregate Year-to-Date 250	0.00
Full Name (Last, First, Middle Initial) Edward Pontius Mailing Address 16 Muddy River Ln		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Topsham FEC ID number of contributing federal political committee.	State Zip Code ME 04086-5355 C	Transaction ID: C1318557 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 250	0.00
Full Name (Last, First, Middle Initial) Pamela M Powers Mailing Address 10280 W Middle Pla	ace Rd	Date of Receipt
City Prescott FEC ID number of contributing	State Zip Code AZ 86305-9480	Transaction ID: C1278454 Amount of Each Receipt this Period
federal political committee. Name of Employer Self Employed	Occupation Physician	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
SUBTOTAL of Receipts This Page (optional		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 60 (check only one) X 11a
A	ny information copied from such Reports and Stror commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Psychiatric Association Pol			on for the purpose of soliciting contributions a solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Charles S Price Mailing Address 1775 Fairfield Ave			Date of Receipt M M D D Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C1278444
	Reno FEC ID number of contributing federal political committee.	C	89509-3221	Amount of Each Receipt this Period
	Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Physicia Aggregate	n e Year-to-Date ▼ 1750.00	
 3.	Full Name (Last, First, Middle Initial) Charles S Price Mailing Address 1775 Fairfield Ave	0 0		Date of Receipt 0 5 2 6 2 0 1 1
	City	State	Zip Code	Transaction ID: C1318537
	Reno	NV	89509-3221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	, ' ' 	e Year-to-Date ▼ 1750.00	
_	Full Name (Last, First, Middle Initial) Charles S Price			Date of Receipt
	Mailing Address 1775 Fairfield Ave			0 5 2 6 2 0 1 1
	City	State	Zip Code	Transaction ID: C1318538
	Reno FEC ID number of contributing federal political committee.	C	89509-3221	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1750.00	
	SUBTOTAL of Receipts This Page (optional) .			1500.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports ar	d Statements may not be sold or used by any the name and address of any political committ	person for the purpose of soliciting contributions lee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Psychiatric Association F		
Full Name (Last, First, Middle Initial) Charles S Price		Date of Receipt
Mailing Address 1775 Fairfield Ave		0 5 2 6 2 0 1 1
City	State Zip Code	Transaction ID: C1318539
Reno	NV 89509-3221	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1750.00	
Full Name (Last, First, Middle Initial) Claudia L Reardon		Date of Receipt
Mailing Address 2402 Van Hise Ave		0 3 0 2 Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1240627
<u>Madison</u>	WI 53726-3848	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer University of W1 Hospital	Occupation Physician	
Receipt For: 2010 X Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Patricia Ryan Recupero		Date of Receipt
Mailing Address 345 Blackstone Blv	d	03 02 7 2011
City	State Zip Code	Transaction ID: C1295069
Providence	RI 02906-4800	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Butler Hospital	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 60 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any person Statements may not be sold or used by any person Statements and address of any political committee to	
NAME OF COMMITTEE (In Full) American Psychiatric Association Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Timothy John Robertson		Date of Receipt
Mailing Address 120 Grey Friar Ln		04 29 2011
City <u>Eau Claire</u>	State Zip Code WI 54701-7183	Transaction ID: C1278459
FEC ID number of contributing federal political committee.	WI 54701-7183	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Corvin V Robinson		Date of Receipt
Mailing Address 10001 Pebble Beach	06 17 2011	
City	State Zip Code	Transaction ID: C1326642
<u>ljamsville</u>	MD 21754-9147	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Brook Lane Health Services	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Lisa A Rone		Date of Receipt
Mailing Address 405 N Wabash Ave Unit 4905		03 / 02 / 4 9 1
City <u>Chicago</u>	State Zip Code IL 60611-5692	Transaction ID: C1240614 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 60 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the such that the such t	Statements may not be sold or used by any person He name and address of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Psychiatric Association Pe	olitical Action Committee	
Full Name (Last, First, Middle Initial) Deborah S Rose		Date of Receipt
Mailing Address 1542 Hamilton Ave		03 / 07 / 2011
City Palo Alto	State Zip Code CA 94303-2824	Transaction ID: C1295071
FEC ID number of contributing federal political committee.	CA 94303-2824	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mary Ann Schaepper	Date of Receipt	
Mailing Address 11374 Mountain Vie	06 17 2011	
City	State Zip Code	Transaction ID: C1326653
Loma Linda	CA 92354-3830	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Alan David Schmetzer		Date of Receipt
Mailing Address 4170 Central Ave		05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1279355
Indianapolis FEC ID number of contributing federal political committee.	IN 46205-2605	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Psychiatric Association P	d Statements may not be sold or used by any perso the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ann Whitney Schongalla Mailing Address 425 E 79th St Apt 1J City New York FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NY 10075-1038 C Occupation Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 3 18 2011 Transaction ID: C1295077 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Leslie Harold Secrest Mailing Address 8200 Walnut Hill Ln City Dallas FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code TX 75231-4426 C Occupation Physician Aggregate Year-to-Date 365.00	Date of Receipt M M M / 29 / 2011 Transaction ID: C1278428 Amount of Each Receipt this Period 365.00
Full Name (Last, First, Middle Initial) Michael Kevin Seid Mailing Address 2542 S Bascom Ave Ste 255 City Campbell FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code CA 95008-5570 C Occupation Physician Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y O 3 1 5 2 0 1 1 Transaction ID: C1295074 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional	l)	865.00

ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 60 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may g the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Psychiatric Association	Political Action (Committee	
Full Name (Last, First, Middle Initial) Leslie Seiden			Date of Receipt
Mailing Address 133 E 91st St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City New York	State NY	Zip Code 10128-1796	Transaction ID: C1326874
FEC ID number of contributing federal political committee.	C	10126-1796	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ramakrishnan Shenoy			Date of Receipt
Mailing Address 1309 Port Elissa Li	ndg		03 / 28 / Y Y Y Y
City Midlothian	State VA	Zip Code	Transaction ID: C1259033
FEC ID number of contributing federal political committee.	C	23114-7154	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 450.00]
Full Name (Last, First, Middle Initial) Marion Eleanor Sherman			Date of Receipt
Mailing Address 30 E Broad St FI 8			M M / D D / Y Y Y Y Y O D D / 2 D 1 1
City Columbus	State OH	Zip Code 43215-3414	Transaction ID: C1240628
FEC ID number of contributing federal political committee.	C	40210-0414	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options	al)		750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 60 (check only one) X 11a
A	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Psychiatric Association Po	litical Action (Committee	
	Full Name (Last, First, Middle Initial) Jagannathan Srinivasaraghavan			Date of Receipt
	Mailing Address 247 Lake Indian Hills			04 29 2011
	City Carbondale	State IL	Zip Code	Transaction ID: C1278470
	FEC ID number of contributing federal political committee.	C	62902-6184	Amount of Each Receipt this Period 300.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	- ' 	Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Lee Stevens			Date of Receipt
	Mailing Address 1002 Highland Ave Ste 300			04 / 15 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C1278445
	Shreveport FEC ID number of contributing federal political committee.	C	71101-4143	Amount of Each Receipt this Period 1000.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Ann Marie T Sullivan			Date of Receipt
	Mailing Address 14 Stuyvesant Oval Apt 9F			03 / 14 / 2011
	City	State NY	Zip Code	Transaction ID: C1258232
	New York FEC ID number of contributing federal political committee.	C	10009-2229	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	_, +	Year-to-Date ▼ 500.00	
Γ,	SUBTOTAL of Receipts This Page (optional)			1550.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 60 (check only one) X 11a 11b 11c 12
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per- the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
American Psychiatric Association F	olitical Action Committee	
Full Name (Last, First, Middle Initial) Ann Marie T Sullivan		Date of Receipt
Mailing Address 14 Stuyvesant Oval Apt 9F		05 26 2011
City New York	State Zip Code NY 10009-2229	Transaction ID: C1318542 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Rebecca L Tamas		Date of Receipt
Mailing Address 1409 Goddard Ave		0 3 2 1 2 0 1 1
City	State Zip Code	Transaction ID: C1258041
Louisville	KY 40204-1543	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Megan E Testa		Date of Receipt
Mailing Address 2560 N Moreland B Apt 203	vd	0 2 1 8 2 0 1 1
City Shaker Heights	State Zip Code OH 44120-1369	Transaction ID: C1295065 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	_
)	750.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 60 (check only one) X 11a 11b 11c 12
Any information copied from such Reports aror for commercial purposes, other than using	nd Statements may not be sold or used by any pe the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Psychiatric Association F	Political Action Committee	
Full Name (Last, First, Middle Initial) Sul Ross Olen Thorward		Date of Receipt
Mailing Address 222 Tongass Dr		0 2 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1326839
Sitka	AK 99835-9416	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Haa Toowoo Naakw Hit SEA- RHC	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Herman Andre Tolbert		Date of Receipt
Mailing Address 8231 Windsong Ct		0 4 29 2011
City	State Zip Code	Transaction ID: C1278460
Columbus	OH 43235-1491	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Herman Andre Tolbert		Date of Receipt
Mailing Address 8231 Windsong Ct		06 20 7 2011
City	State Zip Code	Transaction ID: C1326875
Columbus	OH 43235-1491	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Psychiatric Association Po	litical Action Committee	
Full Name (Last, First, Middle Initial) Amy M Ursano		Date of Receipt
Mailing Address 101 Manning Dr		03 / 21 / 2011
City Chapel Hill	State Zip Code NC 27599-0001	Transaction ID: C1258042
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Garry Martin Vickar		Date of Receipt
Mailing Address 11125 Dunn Rd Ste 213		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Saint Louis	State Zip Code MO 63136-6132	Transaction ID: C1240624
FEC ID number of contributing federal political committee.	MO 63136-6132	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Ramaswamy Viswanathan	<u> </u>	Date of Receipt
Mailing Address 450 Clarkson Ave # 127		04 / 15 / Y Y Y Y Y
City <u>B</u> rooklyn	State Zip Code NY 11203-2012	Transaction ID: C1269262
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer SUNY Downstate Medical Ce- nter	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		1500.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 60 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Psychiatric Association F	d Statements may not be sold or used by any personal the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Albert Vogel Mailing Address PO Box 1747 City Crested Butte FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code CO 81224-1747 C Occupation Physician	Date of Receipt M M
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00]
Full Name (Last, First, Middle Initial) Clyde Ater Watkins Mailing Address 635 Choctaw Rd City	State Zip Code	Date of Receipt M
Jackson FEC ID number of contributing federal political committee. Name of Employer Self Employed	MS 39206-5325 C Occupation	Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify)	Physician Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Henry C Weinstein Mailing Address 1111 Park Ave		Date of Receipt 0 5 2 6 2 0 1 1
City	State Zip Code	Transaction ID: C1318550
New York FEC ID number of contributing federal political committee.	NY 10128-1234	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
CURTOTAL of Province This Province	l)	865.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 60 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Psychiatric Association F	nd Statements may not be sold or used by any person the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John J Wernert Mailing Address 1776 Summerlakes City Carmel FEC ID number of contributing federal political committee. Name of Employer Mdwise, Inc	State Zip Code IN 46032-9679 C Occupation Physician	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Eric R Williams Mailing Address 708 Cottontail Ct S City	State Zip Code	Date of Receipt 0 4 1 5 2 0 1 1 Transaction ID: C1278425
Columbia FEC ID number of contributing federal political committee. Name of Employer	SC 29229-9485 C Occupation	Amount of Each Receipt this Period 250.00
Self Employed Receipt For: Primary General Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Blaise Joseph Wolfrum Mailing Address 1375 E Schaumbur Ste 230	rg Rd	Date of Receipt 0 2 1 6 2 0 1 1
City Schaumburg FEC ID number of contributing	State Zip Code IL 60194-3658	Transaction ID: C1295062 Amount of Each Receipt this Period 250.00
name of Employer Behavioral Health Care Associates	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)	1500.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Psychiatric Association Polit	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Curtiss B Wright Mailing Address PO Box 336 City Athens FEC ID number of contributing federal political committee. Name of Employer Appalachian Behavioral Health Center Receipt For: Primary General Other (specify)	State Zip Code OH 45701-0336 C Occupation Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mark S Wright Mailing Address 2112 Thorndale Way City Lexington FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code KY 40515-1111 C Occupation Physician Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 3
Full Name (Last, First, Middle Initial) Roger M Wu Mailing Address 3801 3rd St Ste 400 City San Francisco FEC ID number of contributing federal political committee. Name of Employer FCMH Receipt For: Primary General Other (specify)	State Zip Code CA 94124-1409 C Occupation Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M / D D / Y Y Y Y Y O 2 2 2 2 0 1 1 Transaction ID: C1326840 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	•	1000.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	(Crieck Grilly Grie)
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Psychiatric Association Po	ne name and address of any political commi	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Barbara L Yates Mailing Address 2000 Alameda De La Ste 240 City	s Pulgas State Zip Code	Date of Receipt M
San Mateo FEC ID number of contributing federal political committee.	CA 94403-1271	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.0	0
Full Name (Last, First, Middle Initial) Daniel Yohanna Mailing Address 165 Ridge Rd		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Highland Park FEC ID number of contributing federal political committee.	State Zip Code IL 60035-4338	Transaction ID: C1240621 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.0	0
Full Name (Last, First, Middle Initial) Melinda Louise Young Mailing Address 3527 Mt Diablo Blvd		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
# 337 City Lafayette	State Zip Code CA 94549-3815	Transaction ID: C1326877 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self Employed	Occupation	365.00
Receipt For: Primary General Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 365.0	0
SUBTOTAL of Receipts This Page (optional)	1	865.00
TOTAL This Period (last page this line number	er only)	41810.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 60 (check only one) 11a 11b 11c 12 13 14 X 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Psychiatric Association Polit	ical Action Committee	
Full Name (Last, First, Middle Initial) American Psychiatric Association Mailing Address 1000 Wilson Blvd Ste 1825		Date of Receipt 0 4 28 2011
City	State Zip Code	Transaction ID: C1326880
Arlington	VA 22209-3924	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	9683.53
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 9683.53	Reimbursement of Merchant Fees/ See Refund YE 2011

SUBTOTAL of Receipts This Page (optional)	•	9683.53
TOTAL This Period (last page this line number only)	•	9683.53

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			R LIN		JMBEF	R:			PA	ΙGΕ	42 /	60	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	1-	$\overline{\mathbf{X}}$	21b 27	Ä	22 28a		23 28b		24 28c	F	25 29	\square	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name													5	
NAME OF COMMITTEE (In Full) American Psychiatric Association Political	Action Committee													
Full Name (Last, First, Middle Initial) Bank of America N.A. Mailing Address PO Box 27025						Date o		sburs	-			0 Ť	Y	
	State Zip Code VA 23261-7025					Amour	nt of	Each	n Di	sburse	men	t this I	Period	_
Purpose of Disbursement Merchant Fees Candidate Name			tego	ry/			•				•	36.10)	_
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)	T	Гуре											
Full Name (Last, First, Middle Initial) Bank of America N.A. Mailing Address PO Box 27025						Transa Date o	f Di	sburs				0 1 1	Y	
,	State Zip Code VA 23261-7025					Amour	nt of	Each	n Di	sburse	men	t this I	Period	_
Purpose of Disbursement Bank Fees											1	07.52	2	
Candidate Name			tego ype	ry/										
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)													
Full Name (Last, First, Middle Initial)										D1181	115			—
Bank of America N.A. Mailing Address PO Box 27025						Date o	of Di		em 0 1		Ž	0 1 1	ľ	
	State Zip Code VA 23261-7025					Amour	nt of	Each	n Di	sburse	-			_ ¬
Purpose of Disbursement Merchant Fees							-	_				35.84		_
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Full Name (Last, First, Middle Initial) Bank of America N.A.			Transaction II Date of Disburg	sement	119	
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	City Savannah	State Zip Code GA 31412				Amou	nt o	f Each	Disburs	eme	nt this	Perio	t
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Flagstaff Purpose of Disbursement Contribution Candidate Name Rep. Paul Gosar Office Sought:	PAGE 55 / 60
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	President State: PA District: 18 Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS Mailing Address P.O. Box 425 City Roswell Purpose of Disbursement	Other (specify) ▼ State Zip Code	Ce	ategory/ Type	Date	of Dist	bursem 3 1	ent	2 0 ement th	nis Per	
	President State: PA District: 18 Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS Mailing Address P.O. Box 425 City Roswell Purpose of Disbursement Contribution Candidate Name Rep. Tom Price Office Sought: X House Disburs	Other (specify) ▼ State Zip Code	Ca		Date	of Dist	bursem 3 1	ent	2 0 ement th	nis Per	

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	y Information copied from such Reports and Stat for commercial purposes, other than using the na				
\rangle	NAME OF COMMITTEE (In Full) American Psychiatric Association Politic				
/	Full Name (Last, First, Middle Initial) TOM ROONEY FOR CONGRESS				Transaction ID: D118101 Date of Disbursement
	Mailing Address 2336 S. East Ocean B	lvd. #313			$\begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\$
	City Stuart	State FL	Zip Code 34996		Amount of Each Disbursement this Period
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	Rep. Tom Rooney	rsement For:	2012	Type	
	Senate President	X Primary Other (spe	General		
	State: FL District: 16 Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS				Transaction ID: D118104 Date of Disbursement
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	Office Sought: X House Senate President State: CA District: 31 Full Name (Last, First, Middle Initial) GILLIBRAND FOR SENATE Mailing Address 236 MASSACHUSETT City WASHINGTON Purpose of Disbursement Contribution Candidate Name Sen. Kirsten Gillibrand	Other (specific of the control of th	General ecify) TE 110 Zip Code 20002	Category/ Type	Date of Disbursement O 5 M / D 2 7 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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	y Information copied from such Reports and States for commercial purposes, other than using the nan				
\rangle	NAME OF COMMITTEE (In Full) American Psychiatric Association Politica	Action Committee			
	Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN				Transaction ID: D111355 Date of Disbursement 0 2 7 2 3 7 2 0 1 1
	Mailing Address PO BOX 76187				02 23 2011
	City WASHINGTON	State Zip Code DC 20013			Amount of Each Disbursement this Perio
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	Candidate Name Sen. Sherrod Brown			ategory/ Type	
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	Mailing Address 228 S. Washington Stre Suite 115	et			03 1 7 2 0 1 1
	City Alexandria	State Zip Code VA 22314			Amount of Each Disbursement this Perio
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	y Information copied from such Reports and State for commercial purposes, other than using the na		, , ,	, ,		
_	NAME OF COMMITTEE (In Full)					
	American Psychiatric Association Politica	al Action Committee				
	Full Name (Last, First, Middle Initial)			Transaction ID: D111353		
	uesday Group Political Action Committee			Date of Disbursement		
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	Washington	DC 20008				
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SUBTOTAL of Disbursements This Page (optional)	•	5000.00
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