

**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**

CITY

STATE

ZIP CODE

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

02

01

2011

through

06

30

2011

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

Nicholas Meyers

Signature of Treasurer

Electronically Filed by Nicholas Meyers

Date

07

29

2011

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

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Psychiatric Association Political Action Committee

Report Covering the Period: From: M M  
0 2 D D  
0 1 Y Y Y Y  
2 0 1 1 To: M M  
0 6 D D  
3 0 Y Y Y Y  
2 0 1 1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 1</span>		68645.26
(b) Cash on Hand at Beginning of Reporting Period .....	74417.30	
(c) Total Receipts (from Line 19) .....	58638.53	64768.53
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	133055.83	133413.79
7. Total Disbursements (from Line 31) .....	103458.90	103816.86
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	29596.93	29596.93
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**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Psychiatric Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	2	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	41810.00	45110.00
(ii) Unitemized .....	7145.00	9975.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	48955.00	55085.00
(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) .....	48955.00	55085.00
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) .....	9683.53	9683.53
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)) .....	58638.53	64768.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	58638.53	64768.53

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	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	102000.00	102000.00	
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	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ..... ➤	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) 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))..	103458.90	103816.86	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	103458.90	103816.86	

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) .....	48955.00	55085.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	48955.00	55085.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1458.90	1816.86
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	9683.53	9683.53
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-8224.63	-7866.67

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 60

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey Akaka

Mailing Address PO Box 11780

City

Honolulu

State

HI

Zip Code

96828-0780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: C1278462

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Marya J Alexander

Mailing Address 309 Tall Oak

City

Irvine

State

CA

Zip Code

92603-0673

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: C1326648

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Daniel J Anzia

Mailing Address 7238 Franklin St  
Apt G

City

Forest Park

State

IL

Zip Code

60130-1177

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 1 1

Transaction ID: C1240625

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2750.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Peter Armanas

Mailing Address 10710 Croydon Ct.

City

Woodstock

State

MD

Zip Code

21163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: C1278456

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

John Temple Bailey

Mailing Address 2100 Centerville Rd  
Ste D

City

Tallahassee

State

FL

Zip Code

32308-4370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 1 / 2 0 1 1

Transaction ID: C1258044

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Scott Benson

Mailing Address 5190 Bayou Blvd  
Ste 6

City

Pensacola

State

FL

Zip Code

32503-2162

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 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

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 8 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Brian Theodore Benton

Mailing Address 198 Ross Hill Rd

City

Lisbon

State

CT

Zip Code

06351-2824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: C1278441

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Carolyn Brada

Mailing Address 52 S Mission Rd

City

Eastborough

State

KS

Zip Code

67207-1036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: C1278436

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Donald Robert Brada

Mailing Address 1010 N Kansas St

City

Wichita

State

KS

Zip Code

67214-3124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KUSM

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: C1278423

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

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

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

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

FOR LINE NUMBER: PAGE 9 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kristin M Brousseau

Mailing Address 1985 Bluebell Ave

City

Boulder

State

CO

Zip Code

80302-8023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 1 1

Transaction ID: C1288157

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Richard L Buccigross

Mailing Address 4550 Kearny Villa Rd  
Ste 214

City

San Diego

State

CA

Zip Code

92123-1563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 9 / 2 0 1 1

Transaction ID: C1292704

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Adrian C Buckner

Mailing Address 110 Copper Ct

City

Johnson City

State

TN

Zip Code

37601-3059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: C1321038

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Louise I Buhrmann

Mailing Address 1485 S Semoran Blvd  
Ste 1454

City State Zip Code  
Winter Park FL 32792-5508

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1318563

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ronald M Burd

Mailing Address 100 4th St S

City State Zip Code  
Fargo ND 58122-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Merit Care South Universi-  
ty

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 8 / 2 0 1 1

Transaction ID: C1295066

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Kenneth Michael Certa

Mailing Address 833 Chestnut St  
Ste 210

City State Zip Code  
Philadelphia PA 19107-4405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: C1278431

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Anna M Chapman

Mailing Address 51 Christopher St

City

New York

State

NY

Zip Code

10014-3530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Psychiatrist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 1

Transaction ID: C1295092

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Clarence Paul Chou

Mailing Address 9455 W Watertown Plank Rd

City

Milwaukee

State

WI

Zip Code

53226-3559

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 1

Transaction ID: C1258040

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Nicole A Christenson

Mailing Address 3409 S Jesse James Cir

City

Sioux Falls

State

SD

Zip Code

57103-7163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: C1278438

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Charles Peter Ciolino

Mailing Address 36 Smithfield Ct

City

Basking Ridge

State

NJ

Zip Code

07920-2779

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 1 1

Transaction ID: C1295099

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Kelly J Clark

Mailing Address 500 Patroon Creek Blvd

City

Albany

State

NY

Zip Code

12206-5006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CDPHP

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: C1278434

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Anthony Dagostino

Mailing Address 688 Thompsons Way

City

Inverness

State

IL

Zip Code

60067-4779

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ABBHH

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: C1326655

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Anthony Dagostino

Mailing Address 688 Thompsons Way

City

Inverness

State

IL

Zip Code

60067-4779

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ABBHH

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C1326643

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mary Helen Davis

Mailing Address 4001 Dutchmans Ln  
Ste 1A

City

Louisville

State

KY

Zip Code

40207-4731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 4 / 2 0 1 1

Transaction ID: C1258229

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

John M De Figueiredo

Mailing Address PO Box 573

City

Cheshire

State

CT

Zip Code

06410-0573

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1318535

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Russell William Denea

Mailing Address 268 Broadway  
Ste 202

City State Zip Code  
Saratoga Springs NY 12866-4271

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: C1278432

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Russell William Denea

Mailing Address 268 Broadway  
Ste 202

City State Zip Code  
Saratoga Springs NY 12866-4271

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1318552

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Franklin H Dines

Mailing Address 10850 Wilshire Blvd  
Ste 1175

City State Zip Code  
Los Angeles CA 90024-4327

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 5 / 2 0 1 1

Transaction ID: C1295098

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Frederick Falvo

Mailing Address 1620 Valle Del Sol

City

Redlands

State

CA

Zip Code

92373-7438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1321033

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

David Fassler

Mailing Address 86 Lake St

City

Burlington

State

VT

Zip Code

05401-5297

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Otter Creek AssociatesOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	1	1

Transaction ID: C1278449

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

William P Fowler

Mailing Address 190 Presidential Blvd  
Unit 510

City

Bala Cynwyd

State

PA

Zip Code

19004-1159

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Psychiatrist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	1	1

Transaction ID: C1295070

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Richard Lesesne Frierson

Mailing Address 2738 Wheat St

City

Columbia

State

SC

Zip Code

29205-2539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1321036

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Marc David Graff

Mailing Address 18040 Sherman Way

City

Reseda

State

CA

Zip Code

91335-4631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: C1278447

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Daniel Thomas Hackman

Mailing Address 267 N 15th Ave

City

Beech Grove

State

IN

Zip Code

46107-1119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: C1326645

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

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

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

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

FOR LINE NUMBER: PAGE 17 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Daniel Thomas Hackman

Mailing Address 267 N 15th Ave

City

Beech Grove

State

IN

Zip Code

46107-1119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: C1326652

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Donald L Harr

Mailing Address 3010 Wendimere Ln

City

Billings

State

MT

Zip Code

59102-0948

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: C1278429

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Gregory G Harris

Mailing Address 1415 Beacon St  
Ste 320

City

Brookline

State

MA

Zip Code

02446-4812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1318553

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Lawrence D Harter

Mailing Address 603 Stone Cir

City

Watertown

State

NY

Zip Code

13601-3267

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C1271919

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Edward Scott Hartmann

Mailing Address 28 E 73rd St

City

New York

State

NY

Zip Code

10021-4143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1295095

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

David B Henley

Mailing Address 630 Teetor Rd

City

Hagerstown

State

IN

Zip Code

47346-9617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C1292700

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David B Henley

Mailing Address 630 Teetor Rd

City

Hagerstown

State

IN

Zip Code

47346-9617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C1292701

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

David B Henley

Mailing Address 630 Teetor Rd

City

Hagerstown

State

IN

Zip Code

47346-9617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C1329715

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Edward Richard Herman

Mailing Address 6 Butternut Rd

City

Briarcliff

State

NY

Zip Code

10510-2222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1318559

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Bruce Alan Hershfield

Mailing Address 1415 Cold Bottom Rd

City

Sparks Glenco

State

MD

Zip Code

21152-9520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 1 1

Transaction ID: C1240622

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Bruce Alan Hershfield

Mailing Address 1415 Cold Bottom Rd

City

Sparks Glenco

State

MD

Zip Code

21152-9520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: C1278448

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Dilip V Jeste

Mailing Address 9500 Gilman Dr  
Dept 664

City

La Jolla

State

CA

Zip Code

92093-0664

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of California,  
San Diego

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 4 / 2 0 1 1

Transaction ID: C1258224

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

George Edward Kalousek

Mailing Address 11287 Ranch Pl

City

Denver

State

CO

Zip Code

80234-2626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: C1278439

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Judith F Kashtan

Mailing Address 825 Nicollet Mall  
1246 Medical Arts Building

City

Minneapolis

State

MN

Zip Code

55402-2508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 1

Transaction ID: C1258039

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Michael F Koch

Mailing Address 308 Seymour Pl SE

City

Minneapolis

State

MN

Zip Code

55414-3677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 1 1

Transaction ID: C1240623

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1115.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Louis James Kraus

Mailing Address 910 Skokie Blvd  
Ste 230

City State Zip Code  
Northbrook IL 60062-4040

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1318543

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Saul Marc Levin

Mailing Address 2 E Erie St  
Apt 3703

City State Zip Code  
Chicago IL 60611-3158

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1318540

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Brian Paul Lipton

Mailing Address 1111 Park Ave

City State Zip Code  
New York NY 10128-1234

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: C1278453

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Benjamin Liptzin

Mailing Address 759 Chestnut St

City

Springfield

State

MA

Zip Code

01199-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	1

Transaction ID: C1326650

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Glenn Andrew Martin

Mailing Address 1 Ascan Ave  
Apt 24

City

Forest Hills

State

NY

Zip Code

11375-6084

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	1

Transaction ID: C1278440

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Nicholas Meyers

Mailing Address 1000 Wilson Blvd  
Ste 1825

City

Arlington

State

VA

Zip Code

22209-3924

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Psychiatric Asso-  
ciationOccupation  
Director, DGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	1	1

Transaction ID: C1240626

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Susan A Minchin

Mailing Address 225 S Meramec Ave  
Ste 1221T

City State Zip Code  
Clayton MO 63105-3521

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1292706

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Jason Edward Mondale

Mailing Address 1 Widger Rd  
Medical Office Building

City State Zip Code  
Marblehead MA 01945-2146

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 3 / 2 0 1 1

Transaction ID: C1283496

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

James Edward Nininger

Mailing Address 10 E 78th St  
Ste 5A

City State Zip Code  
New York NY 10075-1734

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 4 / 2 0 1 1

Transaction ID: C1258226

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

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

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

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

FOR LINE NUMBER: PAGE 25 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Paul J O'Leary

Mailing Address 1225 50th St S

City

Birmingham

State

AL

Zip Code

35222-3915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: C1278427

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

John M Oldham

Mailing Address 4017 Overbrook Ln.

City

Houston

State

TX

Zip Code

77027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Menninger Clinic

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 1 1

Transaction ID: C1259032

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Norma C Panahon

Mailing Address 12 Hidden Pines Ct

City

East Amherst

State

NY

Zip Code

14051-1688

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1318564

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Barry Bruce Perlman

Mailing Address 515 W End Ave

City

New York

State

NY

Zip Code

10024-4345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: C1278430

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Edward Pontius

Mailing Address 16 Muddy River Ln

City

Topsham

State

ME

Zip Code

04086-5355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1318557

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Pamela M Powers

Mailing Address 10280 W Middle Place Rd

City

Prescott

State

AZ

Zip Code

86305-9480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: C1278454

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Charles S Price

Mailing Address 1775 Fairfield Ave

City

Reno

State

NV

Zip Code

89509-3221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: C1278444

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Charles S Price

Mailing Address 1775 Fairfield Ave

City

Reno

State

NV

Zip Code

89509-3221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1318537

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Charles S Price

Mailing Address 1775 Fairfield Ave

City

Reno

State

NV

Zip Code

89509-3221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1318538

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Charles S Price

Mailing Address 1775 Fairfield Ave

City

Reno

State

NV

Zip Code

89509-3221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1318539

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Claudia L Reardon

Mailing Address 2402 Van Hise Ave

City

Madison

State

WI

Zip Code

53726-3848

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of WI Hospital

Occupation  
Physician

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 1 1

Transaction ID: C1240627

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Patricia Ryan Recupero

Mailing Address 345 Blackstone Blvd

City

Providence

State

RI

Zip Code

02906-4800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Butler Hospital

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 1 1

Transaction ID: C1295069

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Timothy John Robertson

Mailing Address 120 Grey Friar Ln

City

Eau Claire

State

WI

Zip Code

54701-7183

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: C1278459

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Corvin V Robinson

Mailing Address 10001 Pebble Beach Ter

City

Ijamsville

State

MD

Zip Code

21754-9147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brook Lane Health Services

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: C1326642

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Lisa A Rone

Mailing Address 405 N Wabash Ave  
Unit 4905

City

Chicago

State

IL

Zip Code

60611-5692

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 1 1

Transaction ID: C1240614

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Deborah S Rose

Mailing Address 1542 Hamilton Ave

City

Palo Alto

State

CA

Zip Code

94303-2824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 7 / 2 0 1 1

Transaction ID: C1295071

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mary Ann Schaepper

Mailing Address 11374 Mountain View Ave

City

Loma Linda

State

CA

Zip Code

92354-3830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: C1326653

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Alan David Schmetzer

Mailing Address 4170 Central Ave

City

Indianapolis

State

IN

Zip Code

46205-2605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 2 / 2 0 1 1

Transaction ID: C1279355

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ann Whitney Schongalla

Mailing Address 425 E 79th St  
Apt 1J

City State Zip Code  
New York NY 10075-1038

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 1 1

Transaction ID: C1295077

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Leslie Harold Secrest

Mailing Address 8200 Walnut Hill Ln

City State Zip Code  
Dallas TX 75231-4426

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: C1278428

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Kevin Seid

Mailing Address 2542 S Bascom Ave  
Ste 255

City State Zip Code  
Campbell CA 95008-5570

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: C1295074

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

865.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Leslie Seiden

Mailing Address 133 E 91st St

City

New York

State

NY

Zip Code

10128-1796

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1326874

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ramakrishnan Shenoy

Mailing Address 1309 Port Elissa Lndg

City

Midlothian

State

VA

Zip Code

23114-7154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 1 1

Transaction ID: C1259033

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Marion Eleanor Sherman

Mailing Address 30 E Broad St  
Fl 8

City

Columbus

State

OH

Zip Code

43215-3414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 1 1

Transaction ID: C1240628

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

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

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

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

FOR LINE NUMBER: PAGE 33 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jagannathan Srinivasaraghavan

Mailing Address 247 Lake Indian Hills Dr

City

Carbondale

State

IL

Zip Code

62902-6184

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: C1278470

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Lee Stevens

Mailing Address 1002 Highland Ave  
Ste 300

City

Shreveport

State

LA

Zip Code

71101-4143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: C1278445

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Ann Marie T Sullivan

Mailing Address 14 Stuyvesant Oval  
Apt 9F

City

New York

State

NY

Zip Code

10009-2229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 4 / 2 0 1 1

Transaction ID: C1258232

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ann Marie T Sullivan

Mailing Address 14 Stuyvesant Oval  
Apt 9F

City State Zip Code  
New York NY 10009-2229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1318542

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Rebecca L Tamas

Mailing Address 1409 Goddard Ave

City State Zip Code  
Louisville KY 40204-1543

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 1 / 2 0 1 1

Transaction ID: C1258041

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Megan E Testa

Mailing Address 2560 N Moreland Blvd  
Apt 203

City State Zip Code  
Shaker Heights OH 44120-1369

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 8 / 2 0 1 1

Transaction ID: C1295065

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Sul Ross Olen Thorward

Mailing Address 222 Tongass Dr

City

Sitka

State

AK

Zip Code

99835-9416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Haa Toowoo Naakw Hit SEA-  
RHC

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 7 / 2 0 1 1

Transaction ID: C1326839

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Herman Andre Tolbert

Mailing Address 8231 Windsong Ct

City

Columbus

State

OH

Zip Code

43235-1491

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: C1278460

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Herman Andre Tolbert

Mailing Address 8231 Windsong Ct

City

Columbus

State

OH

Zip Code

43235-1491

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C1326875

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

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

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

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

FOR LINE NUMBER: PAGE 36 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Amy M Ursano

Mailing Address 101 Manning Dr

City

Chapel Hill

State

NC

Zip Code

27599-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 1 / 2 0 1 1

Transaction ID: C1258042

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Garry Martin Vickar

Mailing Address 11125 Dunn Rd  
Ste 213

City

Saint Louis

State

MO

Zip Code

63136-6132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 1 1

Transaction ID: C1240624

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Ramaswamy Viswanathan

Mailing Address 450 Clarkson Ave  
# 127

City

Brooklyn

State

NY

Zip Code

11203-2012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUNY Downstate Medical Ce-  
nter

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: C1269262

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Albert Vogel

Mailing Address PO Box 1747

City

Crested Butte

State

CO

Zip Code

81224-1747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1318544

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Clyde Ater Watkins

Mailing Address 635 Choctaw Rd

City

Jackson

State

MS

Zip Code

39206-5325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 1 1

Transaction ID: C1295072

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Henry C Weinstein

Mailing Address 1111 Park Ave

City

New York

State

NY

Zip Code

10128-1234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1318550

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

865.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 38 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John J Wernert

Mailing Address 1776 Summerlakes Ct

City

Carmel

State

IN

Zip Code

46032-9679

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mdwise, Inc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 1 1

Transaction ID: C1240615

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Eric R Williams

Mailing Address 708 Cottontail Ct S

City

Columbia

State

SC

Zip Code

29229-9485

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: C1278425

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Blaise Joseph Wolfrum

Mailing Address 1375 E Schaumburg Rd  
Ste 230

City

Schaumburg

State

IL

Zip Code

60194-3658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Behavioral Health Care As-  
sociates

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1295062

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Curtiss B Wright

Mailing Address PO Box 336

City

Athens

State

OH

Zip Code

45701-0336

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Appalachian Behavioral Health Center

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 1

Transaction ID: C1295078

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mark S Wright

Mailing Address 2112 Thorndale Way

City

Lexington

State

KY

Zip Code

40515-1111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 1 / 2 0 1 1

Transaction ID: C1258043

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Roger M Wu

Mailing Address 3801 3rd St  
Ste 400

City

San Francisco

State

CA

Zip Code

94124-1409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FCMH

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 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

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

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

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

FOR LINE NUMBER: PAGE 40 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Barbara L Yates

Mailing Address 2000 Alameda De Las Pulgas  
Ste 240

City State Zip Code  
San Mateo CA 94403-1271

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: C1278461

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Daniel Yohanna

Mailing Address 165 Ridge Rd

City State Zip Code  
Highland Park IL 60035-4338

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 1 1

Transaction ID: C1240621

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Melinda Louise Young

Mailing Address 3527 Mt Diablo Blvd  
# 337

City State Zip Code  
Lafayette CA 94549-3815

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: C1326877

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

865.00

**TOTAL** This Period (last page this line number 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 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

American Psychiatric Association

Mailing Address 1000 Wilson Blvd  
Ste 1825

City State Zip Code  
Arlington VA 22209-3924

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9683.53

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 1

Transaction ID: C1326880

Amount of Each Receipt this Period

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

# **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 42 / 60

<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

A.

Full Name (Last, First, Middle Initial)

Bank of America N.A.

Mailing Address PO Box 27025

City  
Richmond

State  
VA

Zip Code  
23261-7025

Purpose of Disbursement  
Merchant Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D118113

Date of Disbursement

/   /

Amount of Each Disbursement this Period

36.10

B.

Full Name (Last, First, Middle Initial)

Bank of America N.A.

Mailing Address PO Box 27025

City  
Richmond

State  
VA

Zip Code  
23261-7025

Purpose of Disbursement  
Bank Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D118114

Date of Disbursement

/   /

Amount of Each Disbursement this Period

107.52

C.

Full Name (Last, First, Middle Initial)

Bank of America N.A.

Mailing Address PO Box 27025

City  
Richmond

State  
VA

Zip Code  
23261-7025

Purpose of Disbursement  
Merchant Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D118115

Date of Disbursement

/   /

Amount of Each Disbursement this Period

35.84

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

179.46

**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)

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<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

A.

Full Name (Last, First, Middle Initial)

Bank of America N.A.

Mailing Address PO Box 27025

City  
Richmond

State  
VA

Zip Code  
23261-7025

Purpose of Disbursement

Bank Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D118116

Date of Disbursement

03 / 15 / 2011

Amount of Each Disbursement this Period

107.28

B.

Full Name (Last, First, Middle Initial)

Bank of America N.A.

Mailing Address PO Box 27025

City  
Richmond

State  
VA

Zip Code  
23261-7025

Purpose of Disbursement

Merchant Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D118117

Date of Disbursement

04 / 01 / 2011

Amount of Each Disbursement this Period

246.35

C.

Full Name (Last, First, Middle Initial)

Bank of America N.A.

Mailing Address PO Box 27025

City  
Richmond

State  
VA

Zip Code  
23261-7025

Purpose of Disbursement

Bank Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D118118

Date of Disbursement

04 / 15 / 2011

Amount of Each Disbursement this Period

108.42

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

462.05

**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)

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<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

A.

Full Name (Last, First, Middle Initial)

Bank of America N.A.

Mailing Address PO Box 27025

City  
Richmond

State  
VA

Zip Code  
23261-7025

Purpose of Disbursement  
Merchant Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D118119

Date of Disbursement

05 / 02 / 2011

Amount of Each Disbursement this Period

38.52

B.

Full Name (Last, First, Middle Initial)

Bank of America N.A.

Mailing Address PO Box 27025

City  
Richmond

State  
VA

Zip Code  
23261-7025

Purpose of Disbursement  
Bank Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D118120

Date of Disbursement

05 / 16 / 2011

Amount of Each Disbursement this Period

112.28

C.

Full Name (Last, First, Middle Initial)

Bank of America N.A.

Mailing Address PO Box 27025

City  
Richmond

State  
VA

Zip Code  
23261-7025

Purpose of Disbursement  
Merchant Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D118121

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

258.60

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

409.40

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)

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<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

**A.**

Full Name (Last, First, Middle Initial)

Bank of America N.A.

Mailing Address PO Box 27025

City  
Richmond

State  
VA

Zip Code  
23261-7025

Purpose of Disbursement

Bank Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D118122

Date of Disbursement

06 / 15 / 2011

Amount of Each Disbursement this Period

108.24

**B.**

Full Name (Last, First, Middle Initial)

PayPal, Inc.

Mailing Address 2145 Hamilton Ave

City  
San Jose

State  
CA

Zip Code  
95125-5905

Purpose of Disbursement

Credit Card Processing Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D118123

Date of Disbursement

02 / 15 / 2011

Amount of Each Disbursement this Period

59.95

**C.**

Full Name (Last, First, Middle Initial)

PayPal, Inc.

Mailing Address 2145 Hamilton Ave

City  
San Jose

State  
CA

Zip Code  
95125-5905

Purpose of Disbursement

Credit Card Processing Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D118124

Date of Disbursement

03 / 15 / 2011

Amount of Each Disbursement this Period

59.95

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

228.14

**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)

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<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

A.

Full Name (Last, First, Middle Initial)

PayPal, Inc.

Mailing Address 2145 Hamilton Ave

City San Jose State CA Zip Code 95125-5905

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D118125

Date of Disbursement

04 / 15 / 2011

Amount of Each Disbursement this Period

59.95

B.

Full Name (Last, First, Middle Initial)

PayPal, Inc.

Mailing Address 2145 Hamilton Ave

City San Jose State CA Zip Code 95125-5905

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D118126

Date of Disbursement

05 / 15 / 2011

Amount of Each Disbursement this Period

59.95

C.

Full Name (Last, First, Middle Initial)

PayPal, Inc.

Mailing Address 2145 Hamilton Ave

City San Jose State CA Zip Code 95125-5905

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D118127

Date of Disbursement

06 / 15 / 2011

Amount of Each Disbursement this Period

59.95

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

179.85

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

1458.90

# **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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Blue Dog Political Action Committee

Mailing Address 6849 Old Dominion Drive  
Suite 222

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D118107

Date of Disbursement

/

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

DOC PAC

Mailing Address 264 N Lumpkin St  
Ste 202

City Athens State GA Zip Code 30601-2832

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D115998

Date of Disbursement

/

Amount of Each Disbursement this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

GLACIER PAC

Mailing Address 3242 Cummins Way  
Suite 603

City Missoula State MT Zip Code 59802

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D118112

Date of Disbursement

/

Amount of Each Disbursement this Period

2500.00

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

8000.00

**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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
National Republican Congressional Committee

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D115714

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
BILL CASSIDY FOR CONGRESS

Mailing Address 8550 United Plaza Blvd.

City Baton Rouge State LA Zip Code 70809

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Bill Cassidy

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 06

Transaction ID: D116005

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**C.** Full Name (Last, First, Middle Initial)  
GUTHRIE FOR CONGRESS

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Brett Guthrie

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 02

Transaction ID: D118099

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

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

8000.00

**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

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(check only one)

PAGE 49 / 60

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.

Mailing Address PO Box 80126

City State Zip Code  
Lafayette LA 70598

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Charles Boustany, Jr.

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 07

Transaction ID: D118095

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
CHARLIE DENT FOR CONGRESS

Mailing Address PO Box 442

City State Zip Code  
Allentown PA 18105

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Charlie Dent

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 15

Transaction ID: D118105

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

**C.** Full Name (Last, First, Middle Initial)  
DAVE CAMP FOR CONGRESS

Mailing Address 5915 Eastman Avenue

City State Zip Code  
Midland MI 48640

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Dave Camp

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 04

Transaction ID: D116000

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

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

6500.00

**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 50 / 60

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
PALLONE FOR CONGRESS

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Frank Pallone, Jr.

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 06

Transaction ID: D115712

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
GEOFF DAVIS FOR CONGRESS

Mailing Address PO BOX 17192

City FT MITCHELL State KY Zip Code 41017

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Geoff Davis

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 04

Transaction ID: D118100

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

**C.** Full Name (Last, First, Middle Initial)  
MATHESON FOR CONGRESS

Mailing Address PO Box 521048

City Salt Lake City State UT Zip Code 84152-1048

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Jim Matheson

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT District: 02

Transaction ID: D111354

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

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

11500.00

**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 51 / 60

<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

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City  
Unionville

State  
PA

Zip Code  
19375

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Joe Pitts

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 16

Transaction ID: D116001

Date of Disbursement

03 / 31 / 2011

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF JOHN BARROW

Mailing Address PO Box 8166

City  
Savannah

State  
GA

Zip Code  
31412

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. John Barrow

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 12

Transaction ID: D116006

Date of Disbursement

03 / 31 / 2011

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

JOHN D. DINGELL FOR CONGRESS

Mailing Address 607 14th Street, NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. John D. Dingell

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 15

Transaction ID: D118111

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

2000.00

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

5500.00

**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 52 / 60

<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

A.

Full Name (Last, First, Middle Initial)

FLEMING FOR CONGRESS

Mailing Address P.O. BOX 1236

City  
MINDEN

State  
LA

Zip Code  
71058

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. John Fleming

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 04

Transaction ID: D118106

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

VOLUNTEERS FOR SHIMKUS

Mailing Address P.O. BOX 661

City  
COLLINSVILLE

State  
IL

Zip Code  
62234

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. John Shimkus

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 19

Transaction ID: D115715

Date of Disbursement

03 / 10 / 2011

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

JOHN SULLIVAN FOR CONGRESS INC

Mailing Address PO Box 470840

City  
Tulsa

State  
OK

Zip Code  
74147-0840

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. John Sullivan

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OK District: 01

Transaction ID: D115711

Date of Disbursement

03 / 10 / 2011

Amount of Each Disbursement this Period

2000.00

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

5000.00

**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

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
**KEVIN MCCARTHY FOR CONGRESS**

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Kevin McCarthy

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 22

Transaction ID: D118110

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
**BUCHSHON FOR CONGRESS**

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Larry Bucshon

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 08

Transaction ID: D118094

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

1500.00

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL BURGESS FOR CONGRESS**

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Michael C. Burgess

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 26

Transaction ID: D115710

Date of Disbursement

03 / 10 / 2011

Amount of Each Disbursement this Period

2500.00

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

6500.00

**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  
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FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

QUIGLEY FOR CONGRESS

Mailing Address PO Box 13040

City  
Chicago

State  
IL

Zip Code  
60613

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Mike Quigley

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 05

Transaction ID: D111352

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

ROGERS FOR CONGRESS

Mailing Address PO Box 581

City  
Brighton

State  
MI

Zip Code  
48116

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Mike Rogers

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 08

Transaction ID: D115996

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

ROGERS FOR CONGRESS

Mailing Address PO Box 581

City  
Brighton

State  
MI

Zip Code  
48116

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Mike Rogers

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 08

Transaction ID: D118098

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3500.00

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

7000.00

**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  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

PAUL GOSAR FOR CONGRESS

Mailing Address 2222 E Cedar Ave

City  
Flagstaff

State  
AZ

Zip Code  
86004-1963

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Paul Gosar

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 01

Transaction ID: D118109

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

PETE SESSIONS FOR CONGRESS

Mailing Address PO Box 823047

City  
Dallas

State  
TX

Zip Code  
75382

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Pete Sessions

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 32

Transaction ID: D116004

Date of Disbursement

03 / 31 / 2011

Amount of Each Disbursement this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

PETE STARK RE-ELECTION COMMITTEE

Mailing Address P.O. Box 8331

City  
Fremont

State  
CA

Zip Code  
94537

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Pete Stark

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 13

Transaction ID: D118102

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

1500.00

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

4000.00

**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 PageFOR LINE NUMBER:  
(check only one)

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<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

**A.**

Full Name (Last, First, Middle Initial)

GINGREY FOR CONGRESS

Mailing Address PO Box U

City	State	Zip Code
Marietta	GA	30060

Purpose of Disbursement  
ContributionCandidate Name  
Rep. Phil GingreyCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 11

Transaction ID: D115716

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	1	1

Amount of Each Disbursement this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

RICHARD E NEAL FOR CONGRESS COMMITTEE

Mailing Address 76 MAGNOLIA TERRACE

City	State	Zip Code
SPRINGFIELD	MA	01108

Purpose of Disbursement  
ContributionCandidate Name  
Rep. Richard E. NealCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 02

Transaction ID: D118103

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	1

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

BERKLEY FOR CONGRESS

Mailing Address 3069 Conquista Court

City	State	Zip Code
Las Vegas	NV	89121

Purpose of Disbursement  
ContributionCandidate Name  
Rep. Shelley BerkleyCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 01

Transaction ID: D116003

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	1

Amount of Each Disbursement this Period

1500.00

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

5500.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) <b>HOYER FOR CONGRESS</b>	<b>Transaction ID:</b> D115713 <b>Date of Disbursement</b>
Mailing Address 700 13th Street, NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 0 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>5000.00</div>
Candidate Name Rep. Steny H. Hoyer	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) <b>TIM MURPHY FOR CONGRESS</b>	<b>Transaction ID:</b> D115997 <b>Date of Disbursement</b>
Mailing Address P.O. BOX 24551	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 1 1</div> </div>
City PITTSBURGH State PA Zip Code 15234	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>2000.00</div>
Candidate Name Rep. Tim Murphy	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) <b>PRICE FOR CONGRESS</b>	<b>Transaction ID:</b> D115999 <b>Date of Disbursement</b>
Mailing Address P.O. Box 425	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 1 1</div> </div>
City Roswell State GA Zip Code 30077	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1500.00</div>
Candidate Name Rep. Tom Price	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**8500.00**

**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  
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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
TOM ROONEY FOR CONGRESS

Mailing Address 2336 S. East Ocean Blvd. #313

City State Zip Code  
Stuart FL 34996

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Tom Rooney

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 16

Transaction ID: D118101

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
BECERRA FOR CONGRESS

Mailing Address P.O. Box 261060

City State Zip Code  
Los Angeles CA 90026

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Xavier Becerra

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 31

Transaction ID: D118104

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
GILLIBRAND FOR SENATE

Mailing Address 236 MASSACHUSETTS AVE SUITE 110

City State Zip Code  
WASHINGTON DC 20002

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Kirsten Gillibrand

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District:

Transaction ID: D118097

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

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

6000.00

**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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
FRIENDS OF SHERROD BROWN

Mailing Address PO BOX 76187

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Sherrod Brown

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: D111355

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
TFP-FOJB COMMITTEE

Mailing Address 631-B PENNSYLVANIA AVENUE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D118108

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10000.00

**C.** Full Name (Last, First, Middle Initial)  
TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTICS

Mailing Address 228 S. Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D116002

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

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

15000.00

**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 60 / 60

<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

A.

Full Name (Last, First, Middle Initial)

Tuesday Group Political Action Committee

Mailing Address PO Box 11586

City  
Washington

State  
DC

Zip Code  
20008

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D111353

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	1	1

Amount of Each Disbursement this Period

5000.00

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

5000.00

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

102000.00