

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Psychiatric Association Political Action Committee

ADDRESS (number and street) 1000 Wilson Boulevard Suite1825 Arlington VA 22209 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00373696

3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [] 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 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) Mar 20 (M3) Apr 20 (M4) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M M / D D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 06 / 01 / 2015 through 06 / 30 / 2015

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 Ashley Mild

Signature of Treasurer Ashley Mild [Electronically Filed] Date 07 / 20 / 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Psychiatric Association Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="50957.47"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="110926.37"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="19503.36"/>	<input type="text" value="137358.63"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="130429.73"/>	<input type="text" value="188316.10"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14419.25"/>	<input type="text" value="72305.62"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="116010.48"/>	<input type="text" value="116010.48"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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)

Write or Type Committee Name

American Psychiatric Association Political Action Committee

Report Covering the Period: From: / / To: / /

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).....	13592.11	74851.53
(ii) Unitemized	5492.00	59020.44
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	19084.11	133871.97
(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)	19084.11	133871.97
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).....	419.25	3486.66
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 Transfers (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))..... ▶	19503.36	137358.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	19503.36	137358.63

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	419.25	3080.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	419.25	3080.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	69000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	225.00
(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	225.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely 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)) ..	14419.25	72305.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14419.25	72305.62

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	19084.11	133871.97
34. Total Contribution Refunds (from Line 28(d))	0.00	225.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19084.11	133646.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	419.25	3080.62
37. Offsets to Operating Expenditures (from Line 15, page 3).....	419.25	3486.66
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	-406.04

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

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

FOR LINE NUMBER: PAGE 6 OF 21
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)
A. William Arroyo

Mailing Address 4034 Witzel Dr

City Sherman Oaks State CA Zip Code 91423-4612

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 M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : C3052677

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. 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 M / D D D / Y Y Y Y Y Y
 06 / 17 / 2015
Transaction ID : C3052636

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Barton Jerome Blinder

Mailing Address 400 Newport Center Dr
 Ste 706

City Newport Beach State CA Zip Code 92660-7661

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 M / D D D / Y Y Y Y Y Y
 06 / 24 / 2015
Transaction ID : C3052724

Amount of Each Receipt this Period
 250.00

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: (check only one)	PAGE 7 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Stephen L Brown

Mailing Address 2417 E 15th St

City Casper State WY Zip Code 82609-2942

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
06 / 24 / 2015
Transaction ID : C3052716

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Stephen Eugene Buie

Mailing Address 158 Zillicoa St

City Asheville State NC Zip Code 28801-1079

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
06 / 17 / 2015
Transaction ID : C3052629

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Jason R Collison

Mailing Address 1627 Silver Moon Ct.

City Cheyenne State WY Zip Code 82009

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
06 / 24 / 2015
Transaction ID : C3052714

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 8 OF 21
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. L Rodger Currie		Date of Receipt MM / DD / YYYY 06 / 15 / 2015 Transaction ID : C3052616
Mailing Address 1000 Wilson Blvd. Suite 1825		Amount of Each Receipt this Period 416.66
City Arlington	State VA	
Zip Code 22207		Aggregate Year-to-Date ▼ 2499.96
FEC ID number of contributing federal political committee. C		
Name of Employer American Psychiatric Association	Occupation Chief of Government Relations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 2499.96		

Full Name (Last, First, Middle Initial) B. Russell William Denea		Date of Receipt MM / DD / YYYY 06 / 17 / 2015 Transaction ID : C3052619
Mailing Address 268 Broadway Ste 202		Amount of Each Receipt this Period 500.00
City Saratoga Springs	State NY	
Zip Code 12866-4271		Aggregate Year-to-Date ▼ 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Anish Ranjan Dube		Date of Receipt MM / DD / YYYY 06 / 08 / 2015 Transaction ID : C3052694
Mailing Address 45 William Emery Pl.		Amount of Each Receipt this Period 1000.00
City Providence	State RI	
Zip Code 02904		Aggregate Year-to-Date ▼ 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Lifespan	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional).....▶	1916.66
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 OF 21
(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

Full Name (Last, First, Middle Initial)
A. Tristan Gorrindo

Mailing Address 28 Fleet St
Apt 16

City Boston State MA Zip Code 02113-2033

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
06 / 08 / 2015
Transaction ID : C3052645

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. 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
06 / 24 / 2015
Transaction ID : C3052730

Amount of Each Receipt this Period
150.00

Full Name (Last, First, Middle Initial)
C. Edward Thomas Lewis

Mailing Address 45 Sycamore Avenue
Unit 1421

City Charleston State SC Zip Code 29407

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 ▼
268.25

Date of Receipt
06 / 02 / 2015
Transaction ID : C3052615

Amount of Each Receipt this Period
45.45

SUBTOTAL of Receipts This Page (optional)..... ▶ 1195.45

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 10 OF 21
(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. Sudhakar Madakasira
Full Name (Last, First, Middle Initial)
Mailing Address 2540 Flowood Dr
Ste A
City Flowood State MS Zip Code 39232-9362
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 Y Y
06 / 17 / 2015
Transaction ID : C3052639
Amount of Each Receipt this Period
365.00

B. William I Malamud
Full Name (Last, First, Middle Initial)
Mailing Address 130A Seminary Ave
Apt 209
City Auburndale State MA Zip Code 02466-2669
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 Y Y
06 / 24 / 2015
Transaction ID : C3052710
Amount of Each Receipt this Period
365.00

C. Stephen A McLeod-Bryant
Full Name (Last, First, Middle Initial)
Mailing Address 701 Bradburn Drive
City MT Pleasant State SC Zip Code 29464-5114
FEC ID number of contributing federal political committee. **C**
Name of Employer Medical University of South Carolina
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 Y Y
06 / 17 / 2015
Transaction ID : C3052618
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 980.00
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: (check only one)	PAGE 11 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Joe Leland Morgan
Full Name (Last, First, Middle Initial)

Mailing Address 3541 N Crossing Cir

City Valdosta State GA Zip Code 31602-1019

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
06 / 17 / 2015
Transaction ID : C3052628

Amount of Each Receipt this Period
250.00

B. Elizabeth Ann Morrison
Full Name (Last, First, Middle Initial)

Mailing Address 4701 Willard Ave Ste 212

City Chevy Chase State MD Zip Code 20815-4607

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
06 / 17 / 2015
Transaction ID : C3052643

Amount of Each Receipt this Period
500.00

C. Arthur C Nielson III, M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1075 Pelham Road

City Winnetka State IL Zip Code 60093

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 ▼
400.00

Date of Receipt
06 / 24 / 2015
Transaction ID : C3052707

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 12 OF 21
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Charles Chris Novak		Date of Receipt MM / DD / YYYY 06 / 24 / 2015 Transaction ID : C3052720
Mailing Address 413 N Allumbaugh St Ste 101		Amount of Each Receipt this Period 500.00
City Boise	State ID	Zip Code 83704-9219
FEC ID number of contributing federal political committee. C		
Name of Employer Sage Health Care PLLC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Paul J O'Leary		Date of Receipt MM / DD / YYYY 06 / 01 / 2015 Transaction ID : C3052614
Mailing Address 1225 50th St S		Amount of Each Receipt this Period 50.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Maria Antonia Oquendo		Date of Receipt MM / DD / YYYY 06 / 24 / 2015 Transaction ID : C3052713
Mailing Address 277 West End Ave. Apt. 10D		Amount of Each Receipt this Period 500.00
City New York	State NY	Zip Code 10023-2661
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
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 OF 21
(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

Full Name (Last, First, Middle Initial)
A. 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 Buffalo Psychiatric 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 Y Y
 06 / 17 / 2015
Transaction ID : C3052635

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Ranna I Parekh

Mailing Address 91 Longwood Ave Apt 2

City Brookline State MA Zip Code 02446-6631

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 Y Y
 06 / 05 / 2015
Transaction ID : C3052652

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Jo-Eilyn M Ryall

Mailing Address 10 Ladue Crest Ln

City Saint Louis State MO Zip Code 63124-1543

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 ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2015
Transaction ID : C3052638

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: (check only one)	PAGE 14 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Justin W Schoen
Full Name (Last, First, Middle Initial)

Mailing Address M234 Sugar Bush Ln

City Marshfield State WI Zip Code 54449-9287

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

Name of Employer Marshfield Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2015
Transaction ID : C3052649

Amount of Each Receipt this Period
 500.00

B. Jyoti Ramesh Shah
Full Name (Last, First, Middle Initial)

Mailing Address 354 Stanley Dr

City Kingston State PA Zip Code 18704-5610

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

Name of Employer Wyoming Valley Health Care Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2015
Transaction ID : C3052620

Amount of Each Receipt this Period
 250.00

C. Sul Ross Olen Thorward
Full Name (Last, First, Middle Initial)

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 Southeast Alaska Regional Health Conso Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2015
Transaction ID : C3052709

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: (check only one)	PAGE 15 OF 21
<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. Maria L. Tiamson-Kassab
Full Name (Last, First, Middle Initial)

Mailing Address 8025 Hagans Circle

City San Diego State CA Zip Code 92126-2784

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 **06 / 24 / 2015**

Transaction ID : C3052721

Amount of Each Receipt this Period 250.00

B. Arshya Vahabzadeh
Full Name (Last, First, Middle Initial)

Mailing Address 55 Station Landing Apt. 309

City Medford State MA Zip Code 02155

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

Name of Employer Harvard Medical School Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt **06 / 17 / 2015**

Transaction ID : C3052637

Amount of Each Receipt this Period 250.00

C. Shreekumar S Vinekar
Full Name (Last, First, Middle Initial)

Mailing Address 920 Stanton L Young Blvd WP3065

City Oklahoma City State OK Zip Code 73190-0001

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

Name of Employer University of Oklahoma Health Services Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt **06 / 17 / 2015**

Transaction ID : C3052622

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 16 OF 21
(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. David D Weinstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 5623 Warren Ridge Dr.
 City Bakersfield State CA Zip Code 93313
 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 Y
 06 / 24 / 2015
Transaction ID : C3052701
 Amount of Each Receipt this Period
 500.00

B. Mark S Wright
 Full Name (Last, First, Middle Initial)
 Mailing Address 1062 Wellington Way
 City Lexington State KY Zip Code 40513-1200
 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 Y
 06 / 17 / 2015
Transaction ID : C3052627
 Amount of Each Receipt this Period
 500.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	13592.11

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

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

FOR LINE NUMBER: PAGE 17 OF 21
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
American Psychiatric Association

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 Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3486.66

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

Transaction ID : C3052736

Amount of Each Receipt this Period
419.25

Reimbursed Bank Fees

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	419.25
TOTAL This Period (last page this line number only).....▶	419.25

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. 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

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2015

Transaction ID : D167244

Amount of Each Disbursement this Period

41.53

Category/
Type

Full Name (Last, First, Middle Initial)

B. 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

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2015

Transaction ID : D167245

Amount of Each Disbursement this Period

317.77

Category/
Type

Full Name (Last, First, Middle Initial)

C. 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

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2015

Transaction ID : D167246

Amount of Each Disbursement this Period

59.95

Category/
Type

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

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

419.25

419.25

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. BRAVE PAC

Mailing Address 499 SOUTH CAPITOL ST SW
SUITE 404

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	04	/	2015

Transaction ID : D166703

Amount of Each Disbursement this Period

5,000.00

Full Name (Last, First, Middle Initial)

B. BENISHEK FOR CONGRESS, INC.

Mailing Address PO BOX 2012

City KINGSFORD State MI Zip Code 49802

Purpose of Disbursement
Contribution

Candidate Name

Rep. Dan Benishek

Office Sought: House Senate President
State: MI District: 01

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2015

Transaction ID : D167249

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS FOR JIM MCDERMOTT

Mailing Address PO Box 21786

City Seattle State WA Zip Code 98111

Purpose of Disbursement
Contribution

Candidate Name

Rep. Jim McDermott

Office Sought: House Senate President
State: WA District: 07

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	04	/	2015

Transaction ID : D166702

Amount of Each Disbursement this Period

2,500.00

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

8,500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. FLEMING FOR CONGRESS

Mailing Address PO BOX 1236

City MINDEN State LA Zip Code 71058

Purpose of Disbursement Contribution

Candidate Name

Rep. JOHN C FLEMING

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: LA District: 04

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2015

Transaction ID : D167248

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MARK POCAN FOR CONGRESS

Mailing Address PO BOX 327

City MADISON State WI Zip Code 53701

Purpose of Disbursement Contribution

Candidate Name

Rep. Mark Pocan

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: WI District: 02

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2015

Transaction ID : D167251

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MIKE BISHOP FOR CONGRESS

Mailing Address PO BOX 1148

City BRIGHTON State MI Zip Code 48116

Purpose of Disbursement Contribution

Candidate Name

Rep. Mike D Bishop

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: MI District: 08

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2015

Transaction ID : D167250

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Stivers for Congress

Mailing Address 4679 WINTERSET DRIVE

City State Zip Code
COLUMBUS OH 43220

Purpose of Disbursement
Contribution

Candidate Name
Mr. STEVE STIVERS

Office Sought: House
 Senate
 President
State: OH District: 15

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
06 / 04 / 2015

Transaction ID : D167247

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

2500.00

14000.00