

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 C C00373696 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 08 / 01 / 2017 through 08 / 31 / 2017

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

Type or Print Name of Treasurer

Signature of Treasurer Keen, David, , , [Electronically Filed] Date 09 / 20 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2017"/>	<input type="text" value=""/>	<input type="text" value="106294.45"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="135608.77"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="6825.57"/>	<input type="text" value="175376.13"/>
(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="142434.34"/>	<input type="text" value="281670.58"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5714.18"/>	<input type="text" value="144950.42"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="136720.16"/>	<input type="text" value="136720.16"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

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).....	4669.55	126206.87
(ii) Unitemized .....	1422.34	45413.36
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6091.89	171620.23
(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) .....	6091.89	171620.23
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).....	733.68	3755.90
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)).....▶	6825.57	175376.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6825.57	175376.13

**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 .....	714.18	5380.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	714.18	5380.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	139000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	570.00
(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	570.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	5714.18	144950.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5714.18	144950.42

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	6091.89	171620.23
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	570.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6091.89	171050.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	714.18	5380.42
37. Offsets to Operating Expenditures (from Line 15, page 3).....	733.68	3755.90
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	- 19.50	1624.52

**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 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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**

**A. Barnett, Debra, Marie, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14437 University Cove PI  
 City Tampa State FL Zip Code 33613-3741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Psychiatrist  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 333.34

Date of Receipt **08 / 24 / 2017**  
**Transaction ID : C3579022**  
 Amount of Each Receipt this Period 166.67  
 Memo Item

**B. Bradsher, Tanya, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 Wilson Blvd. Suite 1825  
 City Arlington State VA Zip Code 22209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Psychiatric Association Occupation (for Individual) Director, Public Relations  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 704.00

Date of Receipt **08 / 31 / 2017**  
**Transaction ID : C3589305**  
 Amount of Each Receipt this Period 111.00  
 Memo Item  
 \* Payroll Deduction: (\$37.00 Bi-Weekly)

**C. Castro, Rebecca, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1331 E Court St Ste 106  
 City Seguin State TX Zip Code 78155-5167  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 02 / 2017**  
**Transaction ID : C3589320**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	777.67
<b>TOTAL</b> 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 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Certa, Kenneth, Michael, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 833 Chestnut St Ste 210

City Philadelphia	State PA	Zip Code 19107-4405
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2017

**Transaction ID : C3580054**

Amount of Each Receipt this Period  
200.00

Memo Item

**B. Coyle, Colleen, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3504 Rustic Way Ln

City Falls Church	State VA	Zip Code 22044-1245
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) American Psychiatric Association	Occupation (for Individual) General Counsel
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
702.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2017

**Transaction ID : C3589291**

Amount of Each Receipt this Period  
117.00

Memo Item

\* Payroll Deduction: (\$39.00 Bi-Weekly)

**C. Gochenaur, Angela, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 231 E. Market Street

City Marietta	State PA	Zip Code 17547
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) American Psychiatric Association	Occupation (for Individual) Reg Field Dir, State Gov't Affairs
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2017

**Transaction ID : C3589307**

Amount of Each Receipt this Period  
60.00

Memo Item

\* Payroll Deduction: (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	377.00
<b>TOTAL</b> 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 8 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Gonzalez, Ariel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 Wilson Blvd.  
 Suite 1825  
 City Arlington State VA Zip Code 22209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Psychiatric Association Occupation (for Individual) Chief of Gov't Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : C3589295**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 \* Payroll Deduction: (\$50.00 Bi-Weekly)

**B. Gorrindo, Tristan, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 Wilson Blvd FI 20  
 City Arlington State VA Zip Code 22209-3927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Psychiatric Association Occupation (for Individual) Director of Education  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 702.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : C3589302**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 \* Payroll Deduction: (\$39.00 Bi-Weekly)

**c. Haygood, Mark, Alan, , DO, MS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1104 Chalet Dr E  
 City Mobile State AL Zip Code 36608-3608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Altapointe Health Systems Occupation (for Individual) Psychiatrist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt 08 / 26 / 2017  
**Transaction ID : C3580012**  
 Amount of Each Receipt this Period 166.66  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	433.66
<b>TOTAL</b> 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 9 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Hsiao, Ray, C, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10102 NE 16th Pl  
 City Bellevue State WA Zip Code 98004-3513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Washington Occupation (for Individual) Psychiatrist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 09 / 2017  
**Transaction ID : C3569985**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Keen, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 Wilson Blvd Suite 1825  
 City Arlington State VA Zip Code 22209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Psychiatric Association Occupation (for Individual) Chief Financial Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt 08 / 31 / 2017  
**Transaction ID : C3589304**  
 Amount of Each Receipt this Period 57.72  
 Memo Item  
 \* Payroll Deduction: (\$19.24 Bi-Weekly)

**C. Kroeger-Ptakowski, Kristin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 58A N. Bedford St  
 City Arlington State VA Zip Code 22201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 31 / 2017  
**Transaction ID : C3589286**  
 Amount of Each Receipt this Period 187.50  
 Memo Item  
 \* Payroll Deduction: (\$62.50 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	495.22
<b>TOTAL</b> 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 10 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Pappenheim, John, E, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12555 Auke Nu Dr  
 City Juneau State AK Zip Code 99801-8639  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 06 / 2017**  
**Transaction ID : C3589414**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Price, Charles, S, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 313 Flint St  
 City Reno State NV Zip Code 89501-2005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **08 / 29 / 2017**  
**Transaction ID : C3580404**  
 Amount of Each Receipt this Period 1086.00  
 Memo Item

**C. Renner, John, A, , Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Braddock Park  
 City Boston State MA Zip Code 02116-5816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 14 / 2017**  
**Transaction ID : C3589325**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1586.00
<b>TOTAL</b> 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 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Sampang, Suzanne, J, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3659 Herschel Ave  
 City Cincinnati State OH Zip Code 45208-1936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 08 / 30 / 2017  
**Transaction ID : C3589336**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Umugbe, Oghenesume, D, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1328  
 City Rancho Cucamonga State CA Zip Code 91729-1328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) California Dept of Corrections & Rehab Occupation (for Individual) Psychiatrist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 08 / 24 / 2017  
**Transaction ID : C3579090**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Velasquez, Natalie, Dawn, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16905 Olena Pointe Cir  
 City Anchorage State AK Zip Code 99516-5436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 08 / 14 / 2017  
**Transaction ID : C3589324**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 12 OF 20  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 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 of Individual (Last, First, Middle Initial) or Full Organization Name  
Waller, Susan, Jervey, , MD

Mailing Address 2132 Early Settlers Rd

City North Chesterfield	State VA	Zip Code 23235-3831
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	14	/	2017

**Transaction ID : C3589323**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
	/		/	

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
	/		/	

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4669.55

**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 13 OF 20
<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 checked="" 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 of Individual (Last, First, Middle Initial) or Full Organization Name  
**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 (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3755.90

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2017

**Transaction ID : C3589321**

Amount of Each Receipt this Period  
733.68

Memo Item

Reimbursed Bank Fees

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	733.68
<b>TOTAL</b> This Period (last page this line number only).....▶	733.68

**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"/> 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  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	1	7

FEC Identification Number

C [ ]

**Transaction ID : D180580**

Amount of Each Disbursement this Period

[ ] 158.28 [ ]

Memo Item

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  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	7

FEC Identification Number

C [ ]

**Transaction ID : D180581**

Amount of Each Disbursement this Period

[ ] 136.27 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**C. BB&T**

Mailing Address 3033 Wilson Blvd.

City  
Arlington

State  
VA

Zip Code  
22201

Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	1	7

FEC Identification Number

C [ ]

**Transaction ID : D180574**

Amount of Each Disbursement this Period

[ ] 125.93 [ ]

Memo Item

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

[ ] 420.48 [ ]

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. BB&T**

Mailing Address 3033 Wilson Blvd.

City Arlington State VA Zip Code 22201

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : D180575  
Amount of Each Disbursement this Period

[REDACTED] 178.30

Memo Item

Full Name (Last, First, Middle Initial)

**B. 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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : D180582  
Amount of Each Disbursement this Period

[REDACTED] 59.95

Memo Item

Full Name (Last, First, Middle Initial)

**C. Square Inc.**

Mailing Address 1455 Market Street  
Suite 600

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 07 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : D180583  
Amount of Each Disbursement this Period

[REDACTED] 7.55

Memo Item

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

[REDACTED] 245.80

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

[REDACTED] 666.28

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. MOULTON FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 08 / 04 / 2017
Mailing Address PO BOX 2013		FEC Identification Number C C00547240 <b>Transaction ID : D180553</b>
City SALEM	State MA	Zip Code 01970
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Moulton, Seth, , Rep.,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA	District: 06	

Full Name (Last, First, Middle Initial) <b>B. NUTMEG PAC</b>		Date of Disbursement MM / DD / YYYY 08 / 04 / 2017
Mailing Address 777 Summer Street Suite103		FEC Identification Number C C00492983 <b>Transaction ID : D180552</b>
City Stamford	State CT	Zip Code 06903
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. People for Derek Kilmer</b>		Date of Disbursement MM / DD / YYYY 08 / 04 / 2017
Mailing Address P.O. Box 1381		FEC Identification Number C C00514893 <b>Transaction ID : D180543</b>
City Tacoma	State WA	Zip Code 98402
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Kilmer, Derek, , Rep.,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA	District: 06	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<b>TOTAL</b> 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 6207

City BRYAN State TX Zip Code 77805

Purpose of Disbursement Contribution

Candidate Name  
**Flores, Bill, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: TX District: 17

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2017

FEC Identification Number

C C00472241

Transaction ID : D180554

Amount of Each Disbursement this Period

1000.00

Memo Item

**B. WENSTRUP FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 9551

City CINCINNATI State OH Zip Code 45209

Purpose of Disbursement Contribution

Candidate Name  
**Wenstrup, Brad, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: OH District: 02

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2017

FEC Identification Number

C C00497818

Transaction ID : D180541

Amount of Each Disbursement this Period

1000.00

Memo Item

**C. DAVID SCOTT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 960821

City RIVERDALE State GA Zip Code 30296

Purpose of Disbursement Contribution

Candidate Name  
**Scott, David, A., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: GA District: 13

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2017

FEC Identification Number

C C00369801

Transaction ID : D180544

Amount of Each Disbursement this Period

1000.00

Memo Item

**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"/> 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. KURT SCHRADER FOR CONGRESS**

Mailing Address PO BOX 3314

City OREGON CITY State OR Zip Code 97045

Purpose of Disbursement Contribution

Candidate Name  
**Schrader, Kurt, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: OR District: 05

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2017

FEC Identification Number

C C00446906

Transaction ID : D180540

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. LANCE FOR CONGRESS**

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement Contribution

Candidate Name  
**Lance, Leonard, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: NJ District: 07

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2017

FEC Identification Number

C C00444224

Transaction ID : D180550

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. COMMITTEE TO RE-ELECT LINDA SANCHEZ**

Mailing Address 50 E ST, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement Contribution

Candidate Name  
**Sanchez, Linda, T., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: CA District: 39

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2017

FEC Identification Number

C C00384057

Transaction ID : D180551

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. MARK POCAN FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 08 / 04 / 2017
Mailing Address PO BOX 327		FEC Identification Number C C00502179 <b>Transaction ID : D180542</b> Amount of Each Disbursement this Period 1000.00
City MADISON	State WI	Zip Code 53701
Purpose of Disbursement Contribution		Category/ Type
Candidate Name <b>Pocan, Mark, , Rep.,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI	District: 02	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. MORGAN GRIFFITH FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 08 / 04 / 2017
Mailing Address PO BOX 361		FEC Identification Number C C00477240 <b>Transaction ID : D180545</b> Amount of Each Disbursement this Period 1000.00
City CHRISTIANSBURG	State VA	Zip Code 24068
Purpose of Disbursement Contribution		Category/ Type
Candidate Name <b>Griffith, Morgan, , Rep.,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA	District: 09	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. NANCY PELOSI FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 08 / 24 / 2017
Mailing Address 607 14th Street, NW		FEC Identification Number C C00213512 <b>Transaction ID : D180556</b> Amount of Each Disbursement this Period - 5000.00
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Voided Check-Orig Issued 9/19/2016		Category/ Type
Candidate Name <b>Pelosi, Nancy, , Rep.,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 12	<input type="checkbox"/> Memo Item

**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"/> 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. SAC PAC**

Mailing Address 6380 WILSHIRE BLVD., #1612

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement  
Voided Check-Orig Issued 2/17/2017

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2017

FEC Identification Number

C C00165548

Transaction ID : D180548

Amount of Each Disbursement this Period

- 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. SAC PAC**

Mailing Address 6380 WILSHIRE BLVD., #1612

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 25 / 2017

FEC Identification Number

C C00165548

Transaction ID : D180549

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. HELLER FOR SENATE**

Mailing Address PO BOX 371907

City LAS VEGAS State NV Zip Code 89137

Purpose of Disbursement  
Voided Check-Orig Issued 4/11/2017

Candidate Name  
**Heller, Dean, , Sen.,**

Office Sought:  House  Senate  President  
State: NV District:

Disbursement For: 2018  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2017

FEC Identification Number

C C00494229

Transaction ID : D180555

Amount of Each Disbursement this Period

- 1000.00

Memo Item

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

- 1000.00

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

5000.00