

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

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

FOR LINE NUMBER: PAGE 7 OF 15  
 (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**

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

**A. Bennett, Jeffrey, I, , MD**

Mailing Address 1049 Williams Blvd

City  
Springfield

State  
IL

Zip Code  
62704-2809

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SIU Medicine

Occupation (for Individual)  
Psychiatrist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2020

**Transaction ID : C4064520**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

See Refund on This Report

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

**B. Boss, Eric, E, , MD**

Mailing Address 1510 Arborwoods Dr

City  
Brownsburg

State  
IN

Zip Code  
46112-7740

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RL Roudebush VA Medical Center

Occupation (for Individual)  
Psychiatrist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2020

**Transaction ID : C4052489**

Amount of Each Receipt this Period

83.50

☐ Memo Item

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

**C. Brody, David, W., , MD**

Mailing Address 438 W 51st St  
Ste 307A

City  
New York

State  
NY

Zip Code  
10019-6503

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2020

**Transaction ID : C4064566**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

5333.50