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Image# 14961607045

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		All Authorized				Office Use Only
NAME OF T COMMITTEE (in full)	YPE OR PRINT		ample: If typir r the lines.	ng, type	12FE4M5	
AMERICAN ASSN. FOR MAR	RRIAGE & FAMI	LY THERAPY C	OMM. ADV	NCMNT OF	MARITAL 8	FAMILY THERAPY
ADDRESS (number and street)	112 SOUTH ALFF	RED STREET				
Check if different						
than previously reported. (ACC)	ALEXANDRIA				VA L	22314
2. FEC IDENTIFICATION NUM	MBER ▼	CITY 🛦			STATE A	ZIP CODE ▲
C C00198259		3. IS THIS REPORT	\ <u>\</u>	NEW OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)		20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:		Apr 20 (M4)		Jul 20 (M7)	H	(Non-Election Year Only) 20 (M10) Jan 31 (YE)
April 15 Quarterly Report (Q1) (c) 12-Day		Primary (12P		General	
X July 15 Quarterly Report (Q2	PRE-EI		Convention (Special (
October 15 Quarterly Report (Q3))				1	
January 31 Year-End Report (YE		Election on	M M /	D D /	Y 1 Y 1 Y 1 Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)		Election for the:	General (300	à)	Runoff (3	0R) Special (30S)
Termination Report (TER)	riopoit	Election on	M M /	D D /	Y = Y = Y = Y	in the State of
5. Covering Period 04	/ 01 /	2014	through	M M M 06	30 /	2014
I certify that I have examined this	Report and to th	e best of my kno	wledge and b	pelief it is tru	e, correct and	complete.
Type or Print Name of Treasurer	Tracy Todd					
Signature of Treasurer Tracy T	Гodd		[Electronically	Filed] D	ate 07	/ 15 / Y Y Y Y Y Y 2014
NOTE: Submission of false, erroned	ous, or incomplete	information may su	ubject the pers	son signing th	is Report to th	e 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)

Write or Type Committee Name AMERICAN ASSN. FOR MARRIAGE & FAMILY THERAPY COMM. ADVNCMNT OF MARITAL & FAMILY THERAPY 06 2014 Report Covering the Period: 04 2014 30 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 0.00 January 1, 2014 (b) Cash on Hand at 0.00 Beginning of Reporting Period..... 0.00 0.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 0.00 0.00 6(a) and 6(c) for Column B).....

8.	Cash on Hand at Close of											
	Reporting Period		÷	-	-	-	-	-	_	_	-	
	(subtract Line 7 from Line 6(d))	-12850.00			7			- 7		-128	350.	00

9. Debts and Obligations Owed **TO**the Committee (Itemize all on
Schedule C and/or Schedule D)

Total Disbursements (from Line 31)......

Schedule C and/or Schedule D)

 Debts and Obligations Owed BY the Committee (Itemize all on

L			7			7		0.00
	_	_		_	_	-	_	
ш								0.00

12850.00

12850.00

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 ASSN. FOR MARRIAGE & FAMILY THERAPY COMM. ADVNCMNT OF MARITAL & FAMILY THERAPY

	I. Receipts	COLUMN A			
		I. Receipts COLUMN A Total This Period			
	Contributions (other than loans) From:				
(8	a) Individuals/Persons Other Than Political Committees				
	(i) Itemized (use Schedule A)	0.00	0.00		
	(i) herrized (dee correduce 7)				
	(ii) Unitemized	0.00	0.00		
	(iii) TOTAL (add				
	Lines 11(a)(i) and (ii)▶	0.00	0.00		
//	A PUBLICATION OF THE PROPERTY	0.00	0.00		
	b) Political Party Committeesb) Other Political Committees	0.00			
(((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)▶	0.00	0.00		
	ransfers From Affiliated/Other				
Р	arty Committees	0.00	0.00		
10 A	II Loans Received	0.00	0.00		
13. A	ili Lodiis neceiveu				
14 I	oan Repayments Received	0.00	0.00		
	Offsets To Operating Expenditures	, , ,	0.00		
	Refunds, Rebates, etc.)				
	Carry Totals to Line 37, page 5)	0.00	0.00		
16. F	lefunds of Contributions Made				
to	Federal Candidates and Other				
	olitical Committees	0.00	0.00		
	Other Federal Receipts		0.00		
	Dividends, Interest, etc.)	0.00	0.00		
	a) Non-Federal Account				
(-	(from Schedule H3)	0.00	0.00		
	,	7			
()	b) Levin Funds (from Schedule H5)	0.00	0.00		
	-,				
(0	c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
19. T	otal Receipts (add Lines 11(d),				
	2, 13, 14, 15, 16, 17, and 18(c))▶	0.00	0.00		
	_				
	otal Federal Receipts				
(5	subtract Line 18(c) from Line 19)▶	0.00	0.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
(a) All	ng Expenditures: ocated Federal/Non-Federal	Total Tillo Totlou	Odiendai Teal-to-Date			
(i)	tivity (from Schedule H4) Federal Share	0.00	0.00			
(.)	r dastar dinare					
(ii)		0.00	0.00			
	her Federal Operating penditures	0.00	0.00			
	tal Operating Expenditures					
(ad	dd 21(a)(i), (a)(ii), and (b))▶	0.00	0.00			
	rs to Affiliated/Other Party	0.00	0.00			
Commi	tteesutions to	0.00	0.00			
	Candidates/Committees her Political Committees	12850.00	12850.00			
Indepe	ndent Expenditures					
	chedule E) nated Party Expenditures	0.00	0.00			
(2 U.S.	C. §441a(d)) chedule F)	0.00	0.00			
(use or	inedule 1 /	7 7 7				
Loan R	epayments Made	0.00	0.00			
		0.00	0.00			
Refund	Mades of Contributions To:	0.00	0.00			
(a) Inc	lividuals/Persons Other an Political Committees	0.00	0.00			
	litical Party Committees	0.00	0.00			
(-)	her Political Committees uch as PACs)	0.00	0.00			
(30	1 AO3/	7				
(d) To	tal Contribution Refunds	0.00				
(ad	dd Lines 28(a), (b), and (c))▶	0.00	0.00			
. Other [Disbursements	0.00	0.00			
		0.00				
Federa	Election Activity (2 U.S.C. §431(20))					
, ,	ocated Federal Election Activity					
	om Schedule H6) Federal Share	0.00	0.00			
(1)	r caorar chare					
` '	"Levin" Share	0.00	0.00			
(b) Fe	deral Election Activity Paid Entirely	0.00	0.00			
(c) To	With Federal Funds tal Federal Election Activity (add	0.00	0.00			
	nes 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00			
	isbursements (add Lines 21(c), 22, 25, 26, 27, 28(d), 29 and 30(c))	12850.00	40050.00			
۷۵, ۷4,	20, 20, 21, 20(u), 20 and 30(c))	12050.00	12850.00			
	ederal Disbursements					
	ct Line 21(a)(ii) and Line 30(a)(ii)		100000000000000000000000000000000000000			
from Li	ne 31)	12850.00	12850.00			

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE B (FEC Form 3		FOR LINE	NUMBER: PAGE 6 OF 8
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports	and Statements may not be sold or us		on for the purpose of soliciting contributions
or for commercial purposes, other than using			
NAME OF COMMITTEE (In Full) AMERICAN ASSN. FOR MARRIA	GE & FAMILY THERAPY COMM.	ADVNCMNT	OF MARITAL & FAMILY THERAPY
<u>/</u>			
Full Name (Last, First, Middle Initial)			Date of Disbursement
A. MARK BEGICH			M M / P P / Y Y Y
Mailing Address 1231 W NORTHERN LIC	GHTS BLVD #605		04 29 2014
City	State Zip Code		Transaction ID : SB23.4109
ANCHORAGE Purpose of Disbursement	AK 99503		Transaction is . Ob25.4103
CONTRIBUTION		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
MARK BEGICH		Type	1000.00
Office Sought: House	Disbursement For: Primary General		
President	Other (specify)		
State: AK District: 00			
Full Name (Last, First, Middle Initial)			
B. CHRIS GIBSON FOR CON	GRESS		Date of Disbursement
Mailing Address PO BOX 234			04 29 2014
Mailing Address PO BOX 234			04 23 2014
City	State Zip Code NY 12866		Transaction ID : SB23.4113
SARATOGA SPRINGS Purpose of Disbursement	NY 12866		
CONTRIBUTION		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
05.00		Type	2000.00
Office Sought: House Senate	Disbursement For: Year General General Control Control		
President	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial)			
C. GELMAN, ROSENBERG &	FREEDMAN		Date of Disbursement
Mailing Address 4550 MONTGOMERY A	VE		05 15 2014
Mailing Address 4550 MONTGOMERY A	VE		03 13 2014
City	State Zip Code		Transaction ID : SB23.4116
	MD 20814		
BETHESDA Burnoso of Disbursoment	20014		
BETHESDA Purpose of Disbursement AUDIT	WD 20014	001	Amount of Fook Diskursoment this Device
Purpose of Disbursement	20014	001	Amount of Each Disbursement this Period
Purpose of Disbursement AUDIT Candidate Name	WID 20014	001 Category/ Type	Amount of Each Disbursement this Period 600.00
Purpose of Disbursement AUDIT Candidate Name Office Sought: House	Disbursement For:	Category/	
Purpose of Disbursement AUDIT Candidate Name Office Sought: House Senate	Disbursement For: Primary General	Category/	
Purpose of Disbursement AUDIT Candidate Name Office Sought: House Senate President	Disbursement For:	Category/	
Purpose of Disbursement AUDIT Candidate Name Office Sought: House Senate	Disbursement For: Primary General	Category/	
Purpose of Disbursement AUDIT Candidate Name Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Category/ Type	
Purpose of Disbursement AUDIT Candidate Name Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼	Category/ Type	600.00

SCHEDULE B (FEC Form 3X)	I lee	wate askedular()	FOR LINE I			PAGE	7 C)F 8
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 27	one) 22 28a	X 23 28b	24 28c	25 29	26
Any information copied from such Reports and State or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full) AMERICAN ASSN. FOR MARRIAGE & FA								
Full Name (Last, First, Middle Initial) A. GELMAN, ROSENBERG & FREE	DMAN			Date of	Disbursen		Y W Y W	Y
Mailing Address 4550 MONTGOMERY AVE				06	11		2014	
City BETHESDA	State MD	Zip Code 20814		Trans	action ID :	SB23.4120)	
Purpose of Disbursement AUDIT			001	Amount	of Each D	Disbursemer	nt this F	Period
Candidate Name			Category/ Type				500.	.00
Senate President	ement For: Primary Other (spec	General cify) ▼	75-					
State: District: Full Name (Last, First, Middle Initial)								
B. JEFF MERKLEY FOR OREGON				Date of	Disbursen		Y	V
Mailing Address PO BOX 14172				04	29		2014	
City PORTLAND	State OR	Zip Code 97293		Trans	action ID :	SB23.4110)	
Purpose of Disbursement CONTRIBUTION				Amount	of Each D	Disbursemer	nt this F	Period
Candidate Name JEFF MERKLEY FOR OREGON			Category/ Type				1000	_
Office Sought: House Disburse	Primary Other (spec	General Cify) ▼	1,990					-
Full Name (Last, First, Middle Initial) C. RON BARBER FOR CONGRESS					Disbursen			
Mailing Address PO BOX 57715				05	15		2014	Υ
City TUCSON	State AZ	Zip Code 85732		Trans	action ID :	SB23.4118	3	
Purpose of Disbursement CONTRIBUTION Candidate Name			011	Amount	of Each D	Disbursemer	nt this F	Period
Candidate Name			Category/ Type				1000.	.00
Office Sought: House Disburse	Primary Other (spec	General cify) ▼						
				Τ.			2500.	00
SUBTOTAL of Disbursements This Page (optional).			<u>_</u>	-	7		_550.	<u> </u>
TOTAL This Period (last page this line number only	′)					1 (0) 1		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 8 OF 8
TEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	INOIVIDEIT.
I LIVITEED DIGDUITGEIVIEIVIG	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26
	Detailed Suffilliary Page	27	28a 28b 28c 29 30
Any information copied from such Reports and Statem			
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
angle AMERICAN ASSN. FOR MARRIAGE & FAM	MILY THERAPY COMM	. ADVNCMNT	OF MARITAL & FAMILY THERAPY
Full Name (Lock First Middle Initial)			
Full Name (Last, First, Middle Initial) - THE SOFT EDGE			Date of Disbursement
" THE SOFT EDGE			M M / D D / Y Y Y Y
Mailing Address PO BOX 460			04 29 2014
	tate Zip Code		Transaction ID : SB23.4111
	VA 22101-0463		Transaction ib . Ob25.4111
Purpose of Disbursement COMPUTER APP LICENSE		001	Amount of Each Disbursement this Period
Candidate Name			Amount of Lacif Disbulsement this Pellou
Saladao Halio		Category/ Type	6750.00
Office Sought: House Disbursem	ent For:	.,,,,	
	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			
.			Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address			
City	tate Zip Code		
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	
Office Sought: House Disbursem	pent For:	Туре	
	Primary General		
	Other (specify)		
State: District:	√1		
Full Name (Last, First, Middle Initial)			
•			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address			
City S	itate Zip Code		
Oity	лате ир соде		
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	
Office Sought: House Disbursem			
	Primary General		
State: District:	Other (specify) ▼		
Oldio. District.			
SUBTOTAL of Disbursements This Page (optional)			6750.00
		<u> </u>	
TOTAL This Period (last page this line number only).			12850.00