

**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 ASSN. FOR MARRIAGE & FAMILY THERAPY COMM. ADVNCMNT OF MARITAL & FAMILY THERAPY			
ADDRESS (number and street)		112 SOUTH ALFRED STREET	
<input type="checkbox"/>	Check if different than previously reported. (ACC)	ALEXANDRIA	VA 22314
2. FEC IDENTIFICATION NUMBER ▼		CITY ▲	STATE ▲ ZIP CODE ▲
C C00198259			
3. IS THIS REPORT		<input checked="" type="checkbox"/> NEW (N) OR	<input type="checkbox"/> AMENDED (A)
4. TYPE OF REPORT (Choose One)			
(a) Quarterly Reports:		(b) Monthly Report Due On:	
<input type="checkbox"/>	April 15 Quarterly Report (Q1)	<input type="checkbox"/>	Feb 20 (M2)
<input checked="" type="checkbox"/>	July 15 Quarterly Report (Q2)	<input type="checkbox"/>	May 20 (M5)
<input type="checkbox"/>	October 15 Quarterly Report (Q3)	<input type="checkbox"/>	Aug 20 (M8)
<input type="checkbox"/>	January 31 Year-End Report (YE)	<input type="checkbox"/>	Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/>	July 31 Mid-Year Report (Non-election Year Only) (MY)	<input type="checkbox"/>	Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/>	Termination Report (TER)	<input type="checkbox"/>	Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:		<input type="checkbox"/>	Primary (12P)
		<input type="checkbox"/>	General (12G)
		<input type="checkbox"/>	Runoff (12R)
		<input type="checkbox"/>	Convention (12C)
		<input type="checkbox"/>	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:		<input type="checkbox"/>	General (30G)
		<input type="checkbox"/>	Runoff (30R)
		<input type="checkbox"/>	Special (30S)
Election on		M M M / D D D / Y Y Y Y Y Y	in the State of
5. Covering Period			
04 / 01 / 2014		06 / 30 / 2014	
through			

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 Tracy Todd

Signature of Treasurer

Tracy Todd

[Electronically Filed]

Date

07 / 15 / 2014

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y 2014		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19)	0.00	0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	0.00	0.00
7. Total Disbursements (from Line 31)	12850.00	12850.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	-12850.00	-12850.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

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).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
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))..... ▶	0.00	0.00
20. Total Federal Receipts (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
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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12850.00	12850.00
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	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) 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)) ..	12850.00	12850.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

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

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

A. MARK BEGICH

04 / 29 / 2014

011

MARK BEGICH

Category/
Type

Disbursement For:

☒ Primary ☐ General

☐ Other (specify) ▼

State: AK District: 00

MM / DD / YYYY

B. CHRIS GIBSON FOR CONGRESS

City	State	Zip Code
SARATOGA SPRINGS	NY	12866

011

Transaction ID : SB23.4113

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Disbursement For:

☒ Primary ☐ General

☐ Other (specify) ▼

State: District:

C. GELMAN, ROSENBERG & FREEDMAN

05 / 15 / 2014

City	State	Zip Code
BETHESDA	MD	20814

001

Transaction ID : SB23.4116

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

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

3600.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 8

<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

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

Full Name (Last, First, Middle Initial)

A. GELMAN, ROSENBERG & FREEDMAN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		11		2014

Mailing Address 4550 MONTGOMERY AVE

City	State	Zip Code
BETHESDA	MD	20814

Transaction ID : SB23.4120Purpose of Disbursement
AUDIT

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

500.00

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. JEFF MERKLEY FOR OREGON

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Mailing Address PO BOX 14172

City	State	Zip Code
PORTLAND	OR	97293

Transaction ID : SB23.4110Purpose of Disbursement
CONTRIBUTIONCategory/
Type

Amount of Each Disbursement this Period

Candidate Name

JEFF MERKLEY FOR OREGON

1000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. RON BARBER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		15		2014

Mailing Address PO BOX 57715

City	State	Zip Code
TUCSON	AZ	85732

Transaction ID : SB23.4118Purpose of Disbursement
CONTRIBUTION

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

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

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

A. THE SOFT EDGE

Date of Disbursement



Transaction ID : SB23.4111

001

Category/
Type

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

Amount of Each Disbursement this Period

6750.00

B.

Date of Disbursement

Mailing Address

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

Purpose of Disbursement

Candidate Name

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

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

Purpose of Disbursement

Candidate Name

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

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

6750.00

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

12850.00