



American  
Association for  
Marriage and  
Family Therapy

Building the future  
through marriage  
and family therapy

July 27, 2001

Federal Election Commission  
999 E Street, N.W.  
Washington, DC 20463

To Whom It May Concern:

The American Association for Marriage and Family Therapy seeks to change the Treasurer of the Committee for the Advancement of Marital and Family Therapy from John P. Ambrose to David M. Bergman.

Thank you for your attention with this important matter. Please contact me at (202) 467-5105 with any questions.

Sincerely,



David M. Bergman

1133 15th Street, NW  
Suite 300  
Washington, DC  
20005-2710  
(202) 452-0109  
Fax: (202) 223-2329  
Website:  
<http://www.aamft.org>

AAMFT's primary goals are to  
be enriched through the  
strength, power, and  
wisdom of diversity.

RECEIVED  
FEC MAIL ROOM

2001 JUL 30 P 4 01

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED  
FED MAIL ROOM  
001 JUL 30 P 4:07

Office Use Only

1. NAME OF  
COMMITTEE (in full)



(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FB4M5

AMERICAN ASSOCIATION FOR MENTAL AND Family Therapy  
Committee for the Advancement of Mental and Family Therapy

ADDRESS (number and street)

1133 15th St NW



(Check if address  
is changed)

Suite 300

Washington

DC

20005

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

liga@amft.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

N/A

2. DATE

07 26 2001

3. FEC IDENTIFICATION NUMBER ▶

C00198259

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

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

Type or Print Name of Treasurer

David M Bergman

Signature of Treasurer

*David M Bergman*

Date

07 26 2001

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Tel: Free 800-424-9630  
Local 202-694-1100

FEC FORM 1  
(Revised 1/01)

5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

(d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

\_\_\_\_\_  
 \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation with Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

Write or Type Committee Name

AA MET Committee for the Advancement of Mental + Family Therapy

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer David Bergman

Mailing Address 1135 15th St, NW

Suite 300

Washington DC 20005

Title or Position CITY STATE ZIP CODE

Dir. of Legal and Govt Affairs Telephone number 202-467-1505

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 1-27-01
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>AMW</i> PREPARER	<i>7-30-01</i> DATE PREPARED