

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FED MAIL
OPERATIONS CENTER

2004 OCT 29 A 9:10

USE FEC MAILING LABEL OR PRINT TYPE OR PRINT

1. NAME OF COMMITTEE (in full) American Association for Marriage & Family Therapy Committee for the Advancement of Marital & Family Therapy		2. FEC IDENTIFICATION NUMBER 000198259
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 112 South Alfred Street		
CITY, STATE and ZIP CODE Alexandria, VA 22314		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (See FEC FORM 314)		

4. TYPE OF REPORT

- April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

Monthly Report Due On:

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |

- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/01/2004</u> through <u>10/18/2004</u>		
6. (a) Cash on Hand January 1, 19 <u>2004</u>		\$ 19,142.50
(b) Cash on Hand at Beginning of Reporting Period	\$ 19,727.67	
(c) Total Receipts (from Line 10)	\$ 1,034.00	\$ 21,569.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 20,761.67	\$ 40,711.67
7. Total Disbursements (from Line 30)	\$ 4,000.00	\$ 23,950.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 16,761.67	\$ 16,761.67
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	

For further information contact
Federal Election Commission
699 E Street, NW
Washington, DC 20462
Toll Free 866-424-9530
Local 202-218-3420

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
David M. Bergman

Signature of Treasurer Date
10/25/04

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §497g.

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DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS PAGE 2, FEC FORM 3X

(Revised 1/1/01)

NAME OF COMMITTEE NAMFT Committee for the Advancement of Marital & Family Therapy		REPORT COVERING PERIOD FROM 10/01/04 TO 10/18/04	
Receipts		COLUMN A Taxable Period	COLUMN B Calendar Year
21. Contributions (other than loans) From:			
a. Individual Persons Other Than Political Committees			
i. Included (see Schedule A)			1968
ii. Unincluded		1,034.00	21,569.17
iii. Total (add i and ii) >		1,034.00	21,569.17
b. Political Party Committees			1969
c. Other Political Committees (such as PACs)			1970
d. Total Contributions (add a ii, b and c) >		1,034.00	21,569.17
12. Transfers from Affiliated/Other Party Committees			1971
13. All Loans Received			1972
14. Loan Repayments Received			1973
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			1974
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			1975
17. Other Federal Receipts (Dividends, Interest, etc.)		0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity			1976
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >			1977
20. Total Federal Receipts (subtract line 18 from line 19) >		1,034.00	21,569.17
Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			1978
i. Federal Share			1979
ii. Non-Federal Share			1980
b. Other Federal Operating Expenditures			1981
c. Total Operating Expenditures (add i, ii, and b) >			1982
22. Transfers to Affiliated/Other Party Committees		4,000.00	23,850.00
23. Contributions to Federal Candidates/Committees and Other Political Committees			1983
24. Independent Expenditures (see Schedule E)			1984
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (see Schedule F)			1985
26. Loan Repayments Made			1986
27. Loans Made			1987
28. Refunds of Contributions To:			
a. Individual Persons Other Than Political Committees			1988
b. Political Party Committees			1989
c. Other Political Committees (such as PACs)			1990
d. Total Contribution Refunds (add a, b and c) >		0.00	100.00
29. Other Disbursements		4,000.00	23,950.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		4,000.00	23,950.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		4,000.00	23,950.00
Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)		4,000.00	23,950.00
33. Total Contribution Refunds (from line 28d)		0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from line 32)		4,000.00	23,950.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		0.00	0.00
36. Offsets to Operating Expenditures (from line 15)		0.00	0.00
37. Net Operating Expenditures (subtract line 36 from line 35) >		0.00	0.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 1
FOR LINE NUMBER
23

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 comparable purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

American Association for Marriage & Family Therapy
Committee for the Advancement of Marital and Family Therapy

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Red Stickland for Congress P.O. Box 580 Lucasville, OH 45648	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/04	1,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Barbara Boxer 227 Miss. Ave., N.E. Suite 101 Washington, DC 20002	Purpose of Disbursement Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/04	1,000.00
C. Full Name, Mailing Address and ZIP Code Price for Congress P.O. Box 425 Roswell, GA 30077	Purpose of Disbursement Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/06/04	500.00
D. Full Name, Mailing Address and ZIP Code Westmoreland for Congress PO Box 458 Sharpsburg, GA 30277	Purpose of Disbursement Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/04	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code The Freedom Project 11 C St., SE Washington, DC 20003	Purpose of Disbursement Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/06/04	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

4,000.00

TOTAL This Period (last page this line number only)

4,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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 Association for Marriage & Family Therapy
 Committee for the Advancement of Marital and Family Therapy

A. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Individual Contribution Occupation: Marriage & Family Therapist Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Individual Contribution Occupation: Marriage & Family Therapist Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Individual Contribution Occupation: Marriage & Family Therapist Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Individual Contribution Occupation: Marriage & Family Therapist Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Individual Contribution Occupation: Marriage & Family Therapist Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Individual Contribution Occupation: Marriage & Family Therapist Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Individual Contribution Occupation: Marriage & Family Therapist Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) 0.00

TOTAL This Period (last page this line number only) 0.00

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC 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"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 10-25-04
<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>SEI</i> PREPARER (5/2004)	10-29-04 DATE PREPARED