



American Association for Marriage and Family Therapy

Promoting the Profession and the Practice Since 1942

RECEIVED
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December 8, 1994

**Federal Election Commission
Washington, DC 20463**

Dear Ms. Holder:

Enclosed please find our FEC report covering 10/01/94-11/28/94. We would also like to inform you of changes and additions to the authorized signors for the FEC reports. Marcia Lasswell - Treasurer, Rod Hagan-Assistant Treasurer, and Christine Mattox-Assistant Treasurer should all be listed as authorized signors. Thomas Rachele should be removed as an assistant treasurer. We would also like you to forward all reporting information to me so that I receive all information in a timely fashion.

If you require any further information please feel free to contact me at (202) 467-5140.

Sincerely,

**Christine I. Mattox
Accounting Administrator**

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REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
AAMFT
 Committee for the Advancement of Mental & Family Therapy

ADDRESS (number and street) Check if different than previously reported
 1100 17th Street, NW, 10th Floor

CITY, STATE and ZIP CODE
 Washington, DC 20036

DEC 8 5 15 PM '94

2. FEC IDENTIFICATION NUMBER
C00198259

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

4. TYPE OF REPORT

- (a) 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:

- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

- Twelfth day report preceding _____ (Type of Election)
 election on _____ in the State of _____
- Thirtieth day report following the General Election on
11/8 in the State of D.C.

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	10/1/94 through 11/28/94		
6. (a) Cash on Hand January 1, 1994			\$ 38,057.28
(b) Cash on Hand at Beginning of Reporting Period		\$ 35,975.95	
(c) Total Receipts (from Line 19)		\$ 2,511.13	\$ 16,776.96
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 38,487.08	\$ 54,834.24
7. Total Disbursements (from Line 30)		\$ 1,001.50	\$ 17,348.66
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 37,485.58	\$ 37,485.58
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		\$	For further information contact: Federal Election Commission 950 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		\$	

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
Christine J. Mattox

Signature of Treasurer
Christie J. Mattox

Date
 12/8/94

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

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DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
Project Committee for the Advancement of Martial Therapy		FROM 10/1/94	TO 11/28/94
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees		
i.	Itemized (use Schedule A)		
ii.	Unitemized	2,465.00	15,244.00
iii.	Total		
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contributions		
12.	Transfers From Affiliated/Other Party Committees		
13.	All Loans Received		
14.	Loan Repayments Received		
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17.	Other Federal Receipts (Dividends, Interest, etc.)	46.13	1,532.96
18.	Transfers from Nonfederal Account for Joint Activity		
19.	Total Receipts	2,511.13	16,776.96
20.	Total Federal Receipts	2,511.13	16,776.96
II. Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share		
ii.	Non-Federal Share		
b.	Other Federal Operating Expenditures	1.50	9,248.66
c.	Total Operating Expenditures		
22.	Transfers to Affiliated/Other Party Committees		
23.	Contributions to Federal Candidates/Committees and Other Political Committees	1,000.00	8,100.00
24.	Independent Expenditures (use Schedule E)		
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..		
26.	Loan Repayments Made		
27.	Loans Made		
28.	Refunds of Contributions To:		
a.	Individuals/Persons Other Than Political Committees		
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contribution Refunds		
29.	Other Disbursements		
30.	Total Disbursements	1,001.50	17,348.66
31.	Total Federal Disbursements	1,001.50	17,348.66
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans)(from line 11d)	1,000.00	8,100.00
33.	Total Contribution Refunds (from line 28d)	0.00	0.00
34.	Net Contributions (other than loans)(subtract line 33 from 32)	1,000.00	8,100.00
35.	Total Federal Operating Expenditures	1.50	9,248.66
36.	Offsets to Operating Expenditures (from line 15)	0.00	0.00
37.	Net Operating Expenditures	1.50	9,248.66

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

NAME OF COMMITTEE (in Full)

AAMFT Committee for the Advancement of Marital & Family Therapy

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A. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Kent Conrad 112 B East Broad Street Falls Church, VA 22046	Contribution	10/7/94	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1,000.00

