

# REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

For Other Than An Authorized Committee  
(Summary Page)

2002 OCT 29 A 10:03

USE FEC MAILING LABEL OR TYPE OR PRINT

<p><b>1. NAME OF COMMITTEE (in full)</b> American Association for Marriage &amp; Family Therapy Committee for the Advancement of Marital &amp; Family Therapy</p> <p><b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported 12 South Alfred Street</p> <p><b>CITY, STATE and ZIP CODE</b> Alexandria, VA 22314</p>	<p><b>2. FEC IDENTIFICATION NUMBER</b> C00198259</p> <p>3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 114)</p>
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**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:**

- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <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
<b>5. Covering Period</b> 10/01/2002 through 10/18/2002		
<b>6. (a) Cash on Hand January 1, 19 2002</b>		\$ 9,936.64
<b>(b) Cash on Hand at Beginning of Reporting Period</b>	\$ 6,327.78	
<b>(c) Total Receipts (from Line 15)</b>	\$ 532.00	\$ 5,933.14
<b>(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)</b>	\$ 6,859.78	\$ 15,869.78
<b>7. Total Disbursements (from Line 30)</b>	\$ 0.00	\$ 9,010.00
<b>8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))</b>	\$ 6,859.78	\$ 6,859.78
<b>9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)</b>	\$ 0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
<b>10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)</b>	\$ 0.00	

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: [Signature] Date: 10/23/02

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

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

(revised 1/1/91)

NAME OF COMMITTEE AAMFT Committee for the Advancement of Marital & Family Therapy		REPORT COVERING PERIOD FROM 01/01/2001 TO 06/30/2001	
		COLUMN A Transfers Paid	COLUMN B Collected
<b>Receipts</b>			
11. Contributions (other than loans) from:			
a. Individual/Persons Other Than Political Committees		0.00	0.00
i. Itemized (use Schedule A)		532.00	5,918.00
ii. Unitemized		532.00	5,918.00
iii. Total (add i and ii) >			
b. Political Party Committees			
c. Other Political Committees (such as PACs)		532.00	5,918.00
d. Total Contributions (add a ii, b and c) >			
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		0.00	15.14
17. Other Federal Receipts (Dividends, Interest, etc.)			
18. Transfers from Nonfederal Account for Joint Activity		532.00	5,933.14
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		532.00	5,933.14
20. Total Federal Receipts (subtract line 16 from line 19) >			
<b>Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures			
c. Total Operating Expenditures (add a i, ii, and b) >			
22. Transfers to Affiliated/Other Party Committees		0.00	9,000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees			
24. Independent Expenditures (see Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(c)) (see Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c) >		0.00	10.00
29. Other Disbursements		0.00	9,010.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		0.00	9,010.00
31. Total Federal Disbursements (subtract line 21 a i from line 30) >			
<b>Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d)		532.00	5,918.00
33. Total Contribution Refunds (from line 28d)		0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)		532.00	5,918.00
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

**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)**  
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
	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		0.00
	Purpose of Disbursement Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		0.00
	Purpose of Disbursement Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		0.00
	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	0.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11a

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**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	Name of Employer Individual Contribution Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		0.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer Individual Contribution Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		0.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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 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) 10-27-02
<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>Be1</i> PREPARER	10-27-02 DATE PREPARED