

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL
OPERATIONS CENTER

2003 JAN 29 P 1:16

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
American Association for Marriage & Family Therapy
Committee for the Advancement of Marital & Family Therapy

ADDRESS (number and street) Check if different from previously reported
112 South Alfred Street
CITY, STATE and ZIP CODE
Alexandria, VA 22314

2. FEC IDENTIFICATION NUMBER
CDD198259

3. This committee has qualified as a non-federal election 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:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <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 11/28/2002 through 12/31/2002 | | | |
| 6. (a) | Cash on Hand January 1, 19 2002 | | \$ 9,936.64 |
| (b) | Cash on Hand at Beginning of Reporting Period | \$ 7,379.09 | |
| (c) | Total Receipts (from Line 18) | \$ 384.91 | \$ 6,837.36 |
| (d) | Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$ 7,764.00 | \$ 16,774.00 |
| 7. | Total Disbursements (from Line 30) | \$ 0.00 | \$ 9,010.00 |
| 8. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | \$ 7,764.00 | \$ 7,764.00 |
| 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 | |

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 Bergman

Signature of Treasurer: [Handwritten Signature]

Date: 1/23/03

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of E.U.S.C. 5437g.

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

FEC FORM 3X
(revised 9/03)

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

(Revised 11/91)

| COMMITTEE AMFT Committee for the Advancement of Marriage & Family Therapy | | REPORT COVERING PERIOD | |
|---|--|-----------------------------|---------------------------|
| | | FROM 11/28/2002 | TO 12/31/2002 |
| Receipts | | COLUMN A For This Period | COLUMN B Calendar Year |
| Receipts | | | |
| 11. Contributions (other than loans) From: | | | |
| a. Individual Persons Other Than Political Committees | | | |
| I. Itemized (Use Schedule A) | | | |
| | | 0.00 | 0.00 |
| II. Unitemized | | | |
| | | 383.00 | 6,819.00 |
| B. Total (add I and II) > | | | |
| | | 383.00 | 6,819.00 |
| b. Political Party Committees | | | |
| c. Other Political Committees (such as PACs) | | | |
| d. Total Contributions (add a I, b and c) > | | | |
| | | 383.00 | 6,819.00 |
| 12. Transfers from Affiliated Other Party Committees | | | |
| 13. All Loans Received | | | |
| 14. Loan Repayments Received | | | |
| 15. Offsets to Operating Expenditures (Refunds, Forfeits, etc.) | | | |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | | | |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | | | |
| | | 1.91 | 18.36 |
| 18. Transfers from Non-federal Account for Joint Activity | | | |
| | | 384.91 | 6,837.36 |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) > | | | |
| | | 384.91 | 6,837.36 |
| 20. Total Federal Receipts (subtract line 18 from line 19) > | | | |
| Disbursements | | | |
| 21. Operating Expenditures: | | | |
| a. Share of 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, a II, and b) > | | | |
| 22. Transfers to Affiliated Other Party Committees | | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | | | |
| 24. Independent Expenditures (Use Schedule E) | | | |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(4)) (Use 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 | 0.00 |
| 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 II from line 30) > | | | |
| Net Contributions/Operating Expenditures | | | |
| 32. Total Contributions (other than loans) (from line 11d) | | | |
| | | 383.00 | 6,819.00 |
| 33. Total Contribution Refunds (from line 28d) | | | |
| | | 0.00 | 0.00 |
| 34. Net Contributions (other than loans) (subtract line 33 from line 32) | | | |
| | | 383.00 | 6,819.00 |
| 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 Page | PAGE | OF |
| | FOR LINE NUMBER | |
| | 1 | 1 |
| | 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) | | |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Campaign Contribution 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 |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Campaign Contribution 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 |
| 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) | 0.00 |
| TOTAL This Period (last page this line number only) | 0.00 |

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

PAGE 1 OF 1
FOR LINE NUMBER 11aj

SCHEDULE A

ITEMIZED RECEIPTS

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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 \$ | | | |
| 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 \$ | | | |
| 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 \$ | | | |

GRAND TOTAL 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) 1/23/03 |
| <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>Ja</i> PREPARER | 1/29/03 DATE PREPARED |