

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

2000 FEB -9 P 2:17

USE FEC MAILING LABEL  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <i>AMERICAN ASSOC. FOR LANGUAGE &amp; FAMILY THERAPY COMMITTEE FOR THE ADVANCEMENT OF MARITAL &amp; FAMILY THERAPY</i>		2. FEC IDENTIFICATION NUMBER <i>C00198259</i>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <i>1133 15th STREET, N.W. SUITE 300</i>		
CITY, STATE and ZIP CODE <i>WASHINGTON, DC 20005-2710</i>		
3. <input type="checkbox"/> 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
- 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	<i>07-01-99 through 12-31-99</i>		
6. (a) Cash on Hand January 1, 1999	<i>AS OF 12/31/99</i>		\$ <i>524.34</i>
(b) Cash on Hand at Beginning of Reporting Period		\$ <i>524.34</i>	
(c) Total Receipts (from Line 19)		\$ <i>4,931.04</i>	\$ <i>4,931.04</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ <i>5,455.38</i>	\$ <i>5,455.38</i>
7. Total Disbursements (from Line 20)		\$ <i>3,022.00</i>	\$ <i>3,022.00</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ <i>2,433.38</i>	\$ <i>2,433.38</i>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 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 <i>John P. Ambrose</i>	Date <i>1-31-00</i>
Signature of Treasurer <i>John P. Ambrose</i>	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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FEC FORM 3X

(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE <i>AMERICAN ASSOC. FOR MARRIAGE AND FAMILY THERAPY COMMITTEE FOR ADVANCEMENT OF MARITAL &amp; FAMILY THERAPY</i>		REPORT COVERING PERIOD FROM <i>07-01-99</i> TO <i>12-31-99</i>	
I Receipts		COLUMN A Total Fed Period	COLUMN B Candidate
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (see Schedule A)			
ii. Unitemized			
iii. Total (add i and ii) >			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
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.) <i>NAME</i>		<i>4,916.00</i>	<i>4,916.00</i>
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.) <i>BANK INTEREST</i>		<i>15.04</i>	<i>15.04</i>
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		<i>4,931.04</i>	<i>4,931.04</i>
20. Total Federal Receipts (subtract line 16 from line 19) >			
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			
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		<i>3,000.00</i>	<i>3,000.00</i>
24. Independent Expenditures (see Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (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) >			
29. Other Disbursements <i>BANK FEES</i>		<i>27.00</i>	<i>22.00</i>
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		<i>3,027.00</i>	<i>3,022.00</i>
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		<i>3,023.00</i>	<i>3,022.00</i>
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)			
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans) (subtract line 33 from line 32)			
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >			
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 36 from line 35) >			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 12 of 17

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 ASSOC FOR MARRIAGE AND FAMILY THERAPY*  
*COMMITTEE FOR THE ADVANCEMENT OF MARITAL AND FAMILY THERAPY*

A. Full Name, Mailing Address and ZIP Code <i>AMERICAN ASSOC. FOR MARRIAGE AND FAMILY THERAPY 1133 15TH STREET, N.W., SUITE 300 WASHINGTON, DC 20005-2710</i>	Name of Employer  Occupation Aggregate Year-to-Date <i>3</i>	Date (month, day, year) <i>07/01/99</i>	Amount of Each Receipt this Period <i>\$4,916.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer <i>INTEREST BOARD</i> Occupation Aggregate Year-to-Date <i>9</i>	Date (month, day, year) <i>07/01/99</i> <i>to</i> <i>12/31/99</i>	Amount of Each Receipt this Period <i>\$ 15.04</i>
B. Full Name, Mailing Address and ZIP Code <i>CRESTAR BANK 1445 NEW YORK AVENUE, N.W. WASHINGTON, DC 20004-2108</i>	Name of Employer  Occupation Aggregate Year-to-Date <i>3</i>	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation Aggregate Year-to-Date <i>3</i>	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation Aggregate Year-to-Date <i>3</i>	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation Aggregate Year-to-Date <i>3</i>	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation Aggregate Year-to-Date <i>3</i>	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation Aggregate Year-to-Date <i>3</i>	Date (month, day, year)	Amount of Each Receipt this Period
<b>SUBTOTAL of Receipts This Page (optional)</b> .....			<i>\$ 4,931.00</i>
<b>TOTAL This Period (last page this line number only)</b> .....			<i>\$ 4,931.04</i>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 28 & 29

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NAME OF COMMITTEE (in Full) *AMERICAN ASSOCIATION FOR MARRIAGE AND 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
<i>BILL THOMAS CAMPAIGN COMMITTEE P.O. BOX 395 BAKERSFIELD, CA 93302</i>	<i>CAMPAIGN CONTRIBUTION</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>09/28/99</i>	<i>\$1,000.00</i>
<i>MIKE BILIRAKIS FOR CONGRESS P.O. BOX 1077 TARPON SPRING, FL 34688</i>	<i>CAMPAIGN CONTRIBUTION</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/19/99</i>	<i>\$1,000.00</i>
<i>STRICKLAND FOR CONGRES P.O. BOX 540 WOORVILLE, OH 45648</i>	<i>CAMPAIGN CONTRIBUTION</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/26/99</i>	<i>\$1,000.00</i>
<i>CRESTAR BANK 1445 NEW YORK AVENUE, N.W. WASHINGTON, DC 20005-2108</i>	<i>BANK SERVICE FEES</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/99 &amp; 12/99</i>	<i>\$ 22.00</i>
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) .....

*\$3,022.00*

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

*\$3,022.00*

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.

Hand Delivered Date of Receipt

First Class Mail POSTMARKED

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Other (Specify): Postmarked  
and/or Date of Receipt

Electronic Filing

*J.A.Q.*  
PREPARER

*2/9/00*  
DATE PREPARED