

**REPORT OF RECEIPTS AND DISBURSEMENTS**For Other Than An Authorized Committee  
(Summary Page)RECEIVED  
FEC MAIL ROOM

2002 JUL 19 P 1:20

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT**1. NAME OF COMMITTEE (do not)**American Association for Marriage & Family Therapy  
Committee for the Advancement of Marital & Family Therapy**ADDRESS** (number and street) ☐ Check if different than previously reported

112 S. Alfred Street

CITY, STATE and ZIP CODE

Alexandria, VA 22314

**2. FEC IDENTIFICATION NUMBER**

C00198259

3. ☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1N)**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**

5. Covering Period 01/01/2002 through 06/30/2002

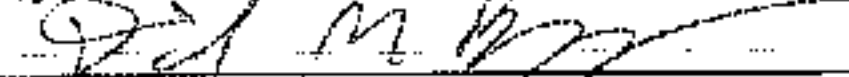
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 19 <u>2002</u>		\$ 9,936.64
(b) Cash on Hand at Beginning of Reporting Period	\$ 11,774.06	
(c) Total Receipts (from Line 18)	\$ 2,178.13	\$ 4,025.55
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 13,952.19	\$ 13,962.19
7. Total Disbursements (from Line 20)	\$ 2,000.00	\$ 2,010.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 11,952.19	\$ 11,952.19
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9690 Local 202-218-3420
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



Date

7/12/02

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

**FEC FORM 3X**

(revised 5/93)

# **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 &amp; Family Therapy

REPORT COVERING PERIOD

FROM 01/01/2001

TO 06/30/2001

**Receipts**

## 11. Contributions (other than loans) From:

## a. Individual/Persons Other Than Political Committees

i. Married (see Schedule A)

ii. Unmarried

iii. Total

(add i and ii) &gt;

## b. Political Party Committees

## c. Other Political Committees (such as PACs)

## d. Total Contributions

(add a, b, and c) &gt;

## 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.)

## 18. Transfers from Nonfederal Account for Joint Activity

## 19. Total Receipts

(add lines 11d, 12, 13, 14, 15, 16, 17, and 18) &gt;

## 20. Total Federal Receipts

(subtract line 18 from line 19) &gt;

**Disbursements**

## 21. Operating Expenditures:

## a. State/Federal/Foreign Activity (from Schedule H4)

i. Federal Share

ii. Non-Federal Share

## b. Other Federal Operating Expenditures

## c. Total Operating Expenditures

(add a, b, and c) &gt;

## 22. Transfers to Affiliated/Other Party Committees

## 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. 4412(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) &gt;

## 29. Other Disbursements

## 30. Total Disbursements

(add lines 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) &gt;

## 31. Total Federal Disbursements

(subtract line 21 a from line 30) &gt;

**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 line 21 a and 21 b) &gt;

## 36. Offsets to Operating Expenditures (from line 15)

## 37. Net Operating Expenditures

(subtract line 36 from line 35) &gt;

COLUMN A  
Total This PeriodCOLUMN B  
Carryover

0.00

0.00

2,172.50

4,015.50

2,172.50

4,015.50

2,172.50

4,015.50

5.63

10.05

2,178.13

4,025.55

2,178.13

4,025.55

2,000.00

2,000.00

0.00

30.00

2,000.00

2,010.00

2,000.00

2,010.00

2,172.50

4,015.50

0.00

0.00

2,172.50

4,015.50

0.00

0.00

0.00

0.00

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 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
Friends of Maurice Hinchey 503 Capitol Court, NE Suite 100 Washington, DC 20002	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/15/2002	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Yun Johnson for South Dakota 420 C Street, NE Lower Level Washington, DC 20002	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/23/2002	1000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Luther for Congress - Volunteer Committee 1399 General Avenue North Suite 202 Oakdale, MN 55128	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/25/2002	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

2,000.00

TOTAL This Period (last page this line number only)

2,000.00

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 1 OF 1  
FOR LINE NUMBER  
11a)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of collecting 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

## Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this Period

## Individual Contribution

Occupation

Receipt For:

☐ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date &gt; \$

## B. Full Name, Mailing Address and ZIP Code

## Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this Period

## Individual Contribution

Occupation

Receipt For:

☐ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date &gt; \$

## C. Full Name, Mailing Address and ZIP Code

## Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this Period

Occupation

Receipt For:

☐ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date &gt; \$

## D. Full Name, Mailing Address and ZIP Code

## Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this Period

Occupation

Receipt For:

☐ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date &gt; \$

## E. Full Name, Mailing Address and ZIP Code

## Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this Period

Occupation

Receipt For:

☐ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date &gt; \$

## F. Full Name, Mailing Address and ZIP Code

## Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this Period

Occupation

Receipt For:

☐ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date &gt; \$

## G. Full Name, Mailing Address and ZIP Code

## Name of Employer

Date (month,  
day, year)Amount of Each  
Receipt this Period

Occupation

Receipt For:

☐ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date &gt; \$

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

0.00

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

**【67204】**