

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

American Assn. For Marriage & Family Therapy Comm. Advncmnt Of Marital & Family Therapy

ADDRESS (number and street) 112 South Alfred Street

(Check if address is changed)

Alexandria VA 22314
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) chrism@aamft.org

Optional Second E-Mail Address
mmitchell@aamft.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) www.aamft.org

2. DATE 09 / 23 / 2013

3. FEC IDENTIFICATION NUMBER C C00198259

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Christine Michaels

Signature of Treasurer Christine Michaels [Electronically Filed] Date 09 / 23 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.