

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines American Assn. For Marriage & Family Therapy Comm. Advncmnt Of Marital & Family Therapy

ADDRESS (number and street) 112 South Alfred Street Alexandria VA 22314 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00198259 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2009 through 12 31 2009

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 Tracy Todd

Signature of Treasurer Electronically Filed by Tracy Todd Date 01 29 2010

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

Office Use Only FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

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

Report Covering the Period: From:    To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2009"/>		50409.05
(b) Cash on Hand at Beginning of Reporting Period .....	69728.05	
(c) Total Receipts (from Line 19) .....	41776.50	75345.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	111504.55	125754.55
7. Total Disbursements (from Line 31) .....	11749.00	25999.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	99755.55	99755.55
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	200.00	450.00
(ii) Unitemized .....	41576.50	74895.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	41776.50	75345.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	41776.50	75345.50
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	41776.50	75345.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	41776.50	75345.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8750.00	23000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	2999.00	2999.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	11749.00	25999.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11749.00	25999.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	41776.50	75345.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	41776.50	75345.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 11	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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 Assn. For Marriage & Family Therapy Comm. Advncmnt Of Marital & Family Therapy

A.

Full Name (Last, First, Middle Initial) Lynn J. Gauger		Date of Receipt
Mailing Address 18390 Surrey Lane		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
City	State	Zip Code
Brookfield	WI	53045
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4807
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="200.00"/>
Occupation		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="200.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="200.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="200.00"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

**A. CONGRESSMAN BART GORDON COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 2008

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement Contribution

Candidate Name BART GORDON

Office Sought:  House  Senate  President

State: TN District: 06

Disbursement For: 2009  Primary  General  Other (specify) ▼

Transaction ID: SB23.4816

Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

**B. EARL BLUMENAUER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 830 NE Holladay #105

City Portland State OR Zip Code 97232

Purpose of Disbursement Contribution

Candidate Name EARL BLUMENAUER

Office Sought:  House  Senate  President

State: OR District: 03

Disbursement For: 2009  Primary  General  Other (specify) ▼

Transaction ID: SB23.4817

Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

500.00

011  
Category/  
Type

**C. FRANKEN RECOUNT FUND**

Full Name (Last, First, Middle Initial)

Mailing Address 4190 Vinewood Lane, #111-554

City Minneapolis State MN Zip Code 55442

Purpose of Disbursement Contribution

Candidate Name AL FRANKEN

Office Sought:  House  Senate  President

State: MN District: 00

Disbursement For: 2009  Primary  General  Other (specify) ▼

Transaction ID: SB23.4813

Date of Disbursement

10 / 29 / 2009

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) FRIENDS OF CHRIS DODD Mailing Address PO BOX 270701 City WEST HARTFORD State CT Zip Code 06127 Purpose of Disbursement Contribution Candidate Name CHRISTOPHER J DODD Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 00 Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4811 Date of Disbursement 07 / 15 / 2009
	Amount of Each Disbursement this Period 1000.00
	011 Category/Type
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF CHRIS DODD Mailing Address PO BOX 270701 City WEST HARTFORD State CT Zip Code 06127 Purpose of Disbursement Contribution Candidate Name CHRISTOPHER J DODD Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 00 Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4825 Date of Disbursement 12 / 15 / 2009
	Amount of Each Disbursement this Period 1000.00
	011 Category/Type
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) JEFF MERKLEY FOR OREGON Mailing Address 2236 SE 10TH AVE City PORTLAND State OR Zip Code 97214 Purpose of Disbursement Contribution Candidate Name JEFFREY ALAN MERKLEY Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00 Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4820 Date of Disbursement 12 / 01 / 2009
	Amount of Each Disbursement this Period 500.00
	011 Category/Type
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2500.00

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>PEOPLE FOR PATTY MURRAY</b>	<b>Transaction ID:</b> SB23.4822
	Mailing Address <b>PO BOX 3662</b>	Date of Disbursement 12 / 01 / 2009
	City <b>SEATTLE</b> State <b>WA</b> Zip Code <b>98124</b>	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name <b>PATTY MURRAY</b> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>WA</b> District: <b>00</b> Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>Pete Stark Re-election Committee</b>	<b>Transaction ID:</b> SB23.4815
	Mailing Address <b>P.O. Box 75214</b>	Date of Disbursement 12 / 01 / 2009
	City <b>Washington</b> State <b>DC</b> Zip Code <b>20013-5214</b>	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name <b>FORTNEY P. STARK</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CA</b> District: <b>13</b> Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>PRICE FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.4810
	Mailing Address <b>P.O. Box 425</b>	Date of Disbursement 07 / 16 / 2009
	City <b>Roswell</b> State <b>GA</b> Zip Code <b>30077</b>	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name <b>THOMAS EDMUNDS PRICE</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>GA</b> District: <b>06</b> Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	011 Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**3000.00**

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Souder for Congress		Transaction ID: SB23.4824	
	Mailing Address PO Box 40233		Date of Disbursement 12 / 15 / 2009	
City Fort Wayne		State IN	Zip Code 46804	
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period 750.00	
Candidate Name MARK E SOUDER			011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: IN District: 03				

SUBTOTAL of Disbursements This Page (optional) .....

750.00

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

8750.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

National Journal Group

Mailing Address PO Box 64408

City Baltimore State MD Zip Code 21298

Purpose of Disbursement  
Congress Daily Subscription

Candidate Name  
AAMFT PAC

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB29.4827

Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	2		2	3		2	0	0	9

Amount of Each Disbursement this Period

2999.00
---------

001
Category/ Type

SUBTOTAL of Disbursements This Page (optional) .....

2999.00

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

2999.00