

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
AA MF T	FROM 1/1/94	TO: 3/31/94
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)		
ii. Unitemized	2,005.00	2,005.00
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.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	1,106.84	1,106.84
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	
20. Total Federal Receipts	(subtract line 18 from line 19) >	
	3,111.84	3,111.84
	3,111.84	3,111.84
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		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/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		
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) >	
	500.95	500.95
	500.95	500.95
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	0.00	0.00
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	0.00	0.00
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) >	
	500.95	500.95
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures	(subtract line 36 from 35) >	
	500.95	500.95

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full) American Association for Marriage and Family Therapy
Committee for the Advancement of Marital Therapy

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement (#01755)	Date (month, day, year)	Amount of Each Disbursement This Period
IRS Philadelphia, PA 19255	Taxes per 1120-POL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Taxes	3/10/94	\$ 141.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement (#01759)	Date (month, day, year)	Amount of Each Disbursement This Period
Better Business Forms 1510 Ridgely Street Baltimore, MD 21230-2096	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Printing	3/30/94	\$ 321.66
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
First Union National Bank of Washington, DC	Bank Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Bank Fees	3/31/94	\$ 9.51
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
First Union	Bank Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Bank Fees	2/28/94	\$ 10.28
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crestar Bank, NA	Bank Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Bank Fees	1/31/94	\$ 1.50
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crestar	Bank Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Bank Fees	2/28/94	\$ 1.50
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crestar	Bank Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Bank Fees	3/31/94	\$ 15.50
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 (if Disbursements This Page optional)	
TOTAL This Period (last page this line number only)	\$ 500.95

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**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
12-9-94

First Class Mail POSTMARKED

Registered/Certified Mail POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records and Registration DATE OF RECEIPT

Received from the Senate Office of Public Records DATE OF RECEIPT

Other (Specify): POSTMARKED
and/or DATE OF RECEIPT

SES
PREPARER

12-9-94
DATE PREPARED

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