

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2003 DEC -8 A 11:47

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) AMERICAN ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY
COMMITTEE FOR THE ADVANCEMENT OF MARITAL & FAMILY THERAPY

ADDRESS (number and street) Check if different than previously reported
1135 15TH STREET, N.W., SUITE 300

CITY, STATE and ZIP CODE
WASHINGTON, DC 20005-2710

2. FEC IDENTIFICATION NUMBER

000198259

3. 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 11-07-2000 in the State of D.C.

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Governing Period	<u>10-01-2000</u> through <u>11-30-2000</u>		
6. (a) Cash on Hand January 1, 19__	<u>AS OF 10-10-2000</u>		\$ <u>3,688.72</u>
(b) Cash on Hand at Beginning of Reporting Period		\$ <u>3,688.72</u>	
(c) Total Receipts (from Line 19)		\$ <u>988.89</u>	\$ <u>988.89</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ <u>4,677.61</u>	\$ <u>4,677.61</u>
7. Total Disbursements (from Line 30)		\$	\$
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ <u>4,677.61</u>	\$ <u>4,677.61</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$	For further information contact: Federal Election Commission -909 E Street, NW Washington, DC 20463 Toll Free 800-424-9633 Local 202-694-1100
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 JOHN P. AMBROSE

Signature of Treasurer
John P. Ambrose

Date
12-5-00

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 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE *AMERICAN ASSOC. FOR MARRIAGE AND FAMILY THERAPY*
COMMITTEE FOR ADVANCEMENT OF MARITAL AND FAMILY THERAPY

REPORT COVERING PERIOD
 FROM *10-01-2000* TO *11-30-2000*

	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)	<i>985.00</i>	<i>985.00</i>	11(a)(i)
ii. Unitemized			11(a)(ii)
iii. Total (add i and ii) >			11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) >			11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.) <i>BANK INTEREST</i>	<i>3.89</i>	<i>3.89</i>	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	<i>988.89</i>	<i>988.89</i>	19
20. Total Federal Receipts (subtract line 18 from line 19) >	<i>988.89</i>	<i>988.89</i>	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees			23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >			30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)			32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)			34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >			37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3

FOR LINE NUMBER 110 & 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 ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY
COMMITTEE FOR THE ADVANCEMENT OF MARITAL AND FAMILY THERAPY**

A. Full Name, Mailing Address and ZIP Code SUNTRUST BANK 1445 NEW YORK AVENUE, N.W. WASHINGTON, DC 20005-2108 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer INTEREST EARNED Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10-01-2000 TO 11-30-2000	Amount of Each Receipt this Period \$ 3.89
B. Full Name, Mailing Address and ZIP Code MARY C. MARTIN 2667 NORTH MOORPACK RD, SUITE 110 THOUSAND OAKS, CA 91360 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CONTRIBUTION BY INDIVIDUAL Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 09-27-2000	Amount of Each Receipt this Period \$ 25.00
C. Full Name, Mailing Address and ZIP Code ANDREA BRANDT 1018 24TH STREET (W) SANTA MONICA, CA 90403 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CONTRIBUTION BY INDIVIDUAL Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 09-27-2000	Amount of Each Receipt this Period \$ 50.00
D. Full Name, Mailing Address and ZIP Code PIVELLIS C. ROE 45-995 WAILELE RD. #27 KANELOE HI 96744 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CONTRIBUTION BY INDIVIDUAL Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10-02-2000	Amount of Each Receipt this Period \$ 25.00
E. Full Name, Mailing Address and ZIP Code POLORES J. REELING 3723 S. 55 STREET (W) MILWAUKEE, WI 53226 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CONTRIBUTOR BY INDIVIDUAL Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10-03-2000	Amount of Each Receipt this Period \$ 100.00
F. Full Name, Mailing Address and ZIP Code RICHARD APPEGATE 910 MARK COURT, APT A (H) ELIZABETHTOWN, KY 42701 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CONTRIBUTION BY INDIVIDUAL Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10-03-2000	Amount of Each Receipt this Period \$ 25.00
G. Full Name, Mailing Address and ZIP Code DELL C. TYSON 3 TIMBER TRAIL (H) ROGERS, AR 72756 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CONTRIBUTION BY INDIVIDUAL Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10-03-2000	Amount of Each Receipt this Period \$ 250.00

SUBTOTAL of Receipts This Page (optional) \$ 478.89

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3
FOR LINE NUMBER 119 & 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 ASSOCIATION FOR MARRIAGE AND 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
<u>GUSSIE P. SITKIN</u> <u>12334 LANDALE STREET (H)</u> <u>STUDIO CITY, CA 91604</u>	<u>CONTRIBUTION BY</u> <u>INDIVIDUAL</u>	<u>10-03-2006</u>	<u>\$50.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <u>> \$</u>	
<u>RILEY SMITH</u> <u>3620 BARRY AVENUE (W)</u> <u>LOS ANGELES, CA 90066</u>	<u>CONTRIBUTION BY</u> <u>INDIVIDUAL</u>	<u>10-05-2006</u>	<u>\$50.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <u>> \$</u>	
<u>NAOMIE CRACIARI</u> <u>3360 E. RUSSELL RD # C (W)</u> <u>LAS VEGAS, NV 89120-3405</u>	<u>CONTRIBUTION BY</u> <u>INDIVIDUAL</u>	<u>10-06-2006</u>	<u>\$100.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <u>> \$</u>	
<u>PAT GYNN-FAMILY LIFE COUNSELING</u> <u>3410 22nd PL.</u> <u>LUBBOCK, TX 79410-1314</u>	<u>-CONTRIBUTOR BY</u> <u>INDIVIDUAL</u>	<u>10-06-2006</u>	<u>\$25.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <u>> \$</u>	
<u>GLORIA S. LOBNITZ</u> <u>934 NORTH MAGNOLIA STREET (W)</u> <u>SUITE 321</u> <u>ORLANDO, FL 32303</u>	<u>CONTRIBUTION BY</u> <u>INDIVIDUAL</u>	<u>10-10-2006</u>	<u>\$100.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <u>> \$</u>	
<u>CECILIA HIBBS</u> <u>PEPPERDINE UNIVERSITY</u> <u>MALIBU CALIFORNIA 92630002</u>	<u>CONTRIBUTION BY</u> <u>INDIVIDUAL</u>	<u>10-10-2006</u>	<u>\$50.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <u>> \$</u>	
<u>LYNN GREENWALD</u> <u>10436 SANTA MONICA BLVD.</u> <u>SUITE 3005</u> <u>LOS ANGELES, CA 90025</u>	<u>CONTRIBUTION BY</u> <u>INDIVIDUAL</u>	<u>10-13-06</u>	<u>\$25.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <u>> \$</u>	

SUBTOTAL of Receipts This Page (optional)

\$400.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3
FOR LINE NUMBER 110617

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 AND FAMILY THERAPY
COMMITTEE FOR THE ADVANCEMENT OF MARRITAL AND FAMILY THERAPY

A. Full Name, Mailing Address and ZIP Code KARA JOHNSON 16928 GLEN OAK RUN DERWOOD, MD 20855	Name of Employer CONTRIBUTION BY INDIVIDUAL Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CONTRIBUTION BY INDIVIDUAL Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10/26/00	Amount of Each Receipt this Period \$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CONTRIBUTION BY INDIVIDUAL Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10/25/00	Amount of Each Receipt this Period \$35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

\$110.00

TOTAL This Period (last page this line number only)

\$988.89

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) <i>12-6-02</i>
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JMW</i> PREPARER	<i>12-8-02</i> DATE PREPARED