

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20543

Nov 3 10 14 AM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
HARRIS COMMITTEE FOR THE

ADVANCEMENT OF MARITAL & FAMILY THERAPY
ADDRESS (number and street) Check if different than previously reported

1155 15th St NW # 300
CITY, STATE and ZIP CODE

Washington DC 20005-2710

2. FEC IDENTIFICATION NUMBER
C00196259

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

Twelfth day report preceding _____
(Type of Election)

election on _____ in the State of _____

Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>01/01/96 through 03/31/96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ <u>38,520.49</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>38,520.49</u>	
(c) Total Receipts (from Line 18)	\$ <u>182.45</u>	\$ <u>182.45</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>38,702.94</u>	\$ <u>38,702.94</u>
7. Total Disbursements (from Line 30)	\$ <u>1,209.00</u>	\$ <u>1,209.94</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>37,493.94</u>	\$ <u>37,493.94</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>—</u>	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9630 Local 202-218-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>—</u>	

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
Carol J Clark

Signature of Treasurer
Carol Clark

Date
7/15/96

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 8/93)

FE4AN101

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**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE <i>UNITED COMMITTEE FOR THE AMERICAN PEOPLE MARITAL AND FAMILY THERAPY</i>		REPORT COVERING PERIOD	
		FROM <i>01/01/90</i>	TO <i>03/31/90</i>
		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. Itemized (use Schedule A):			
ii. Unitemized			
ii. Total			
ii. Total			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions			
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.)		<i>182.45</i>	<i>182.45</i>
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts		<i>182.45</i>	<i>182.45</i>
20. Total Federal Receipts		<i>182.45</i>	<i>182.45</i>
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		<i>209.00</i>	<i>209.00</i>
c. Total Operating Expenditures		<i>209.00</i>	<i>209.00</i>
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		<i>1,000.00</i>	<i>1,000.00</i>
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. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds			
29. Other Disbursements			
30. Total Disbursements		<i>1,209.00</i>	<i>1,209.00</i>
31. Total Federal Disbursements		<i>1,209.00</i>	<i>1,209.00</i>
III. 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 32)		-	-
35. Total Federal Operating Expenditures		<i>209.00</i>	<i>209.00</i>
36. Offsets to Operating Expenditures (from line 15)		<i>0</i>	<i>0</i>
37. Net Operating Expenditures		<i>209.00</i>	<i>209.00</i>

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 21(b)

Any information copied from such reports and statements may not be used by any person for the purpose of soliciting contributions or for commercial purposes, without first using the name and address of any person committed to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

HAIRES 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
PHILADELPHIA, PA 19125	Disbursement for: <input checked="" type="checkbox"/> Other (specify: 1120-104	03/12/46	209 00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (use page and line number only)

0 3 0 3 0 4 9 4 3

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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)

ALLEGANY COUNTY COMMISSION 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
<p><u>PERMISSION FOR CONDUCT AS</u> <u>PO BOX 3775</u> <u>PLEASANTVILLE, PA 16397</u></p>	<p>Purpose of Disbursement <u>Contribution</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><u>02/18/96</u></p>	<p><u>1,000.00</u></p>
<p>B. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>H. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>I. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>

SUBTOTAL of Disbursements This Page (up to and including line 10)

TOTAL This Period (last page this line number only)

1,000.00

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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

5-3-96

First Class Mail

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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

[Signature]
 PREPARER

5-3-96
 DATE PREPARED

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