

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FED MAIL
270 LAYTONS CENTER
700A APR 20 A 10:33

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) American Association for Marriage & Family Therapy Committee for the Advancement of Marital & Family Therapy	2. FEC IDENTIFICATION NUMBER C00198259
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 112 South Alfred Street	3. <input type="checkbox"/> This committee has qualified as a multi-candidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE Alexandria, VA 22314	

4. TYPE OF REPORT

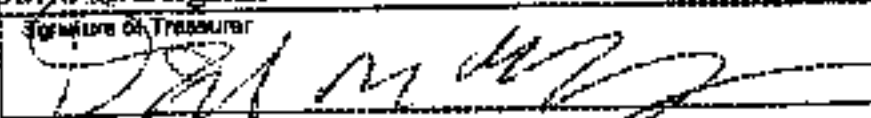
- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 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 _____ in the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period <u>1/1/2004</u> through <u>03/31/2004</u>		
6. (a) Cash on Hand January 1, 19 <u>2004</u>		\$ 19,142.50
(b) Cash on Hand at Beginning of Reporting Period	\$ 19,142.50	
(c) Total Receipts (from Line 18)	\$ 7,232.17	\$ 7,232.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 26,374.67	\$ 26,374.67
7. Total Disbursements (from Line 30)	\$ 4,000.00	\$ 4,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 22,374.67	\$ 22,374.67
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	

For further information contact:
 Federal Election Commission
 999 E Street, NW
 Washington, DC 20465
 Toll Free 800-426-9535
 Local 202-219-3420

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
David M. Bergman

Signature of Treasurer: 

Date: **4/15/04**

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

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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 AAMFT Committee for the Advancement of Marital & Family Therapy		REPORT COVERING PERIOD FROM 1/01/04 TO 03/31/04	
Receipts		COLUMN A Total Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual Persons Other Than Political Committees			
1. Interest (use Schedule A)			1100
2. Unitemized			1100
3. Total (add 1 and 2) >	7,232.17	7,232.17	1100
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
4. Total Contributions (add a, b, and c) >	7,232.17	7,232.17	1100
12. Transfers from Affiliated Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets to Operating Expenditures (Refunds, Prepaids, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00		1100
18. Transfers from Nonfederal Account for Joint Activity			1100
19. Total Receipts (add 11c, 12, 13, 14, 15, 16, 17, and 18) >			1100
20. Total Federal Receipts (subtract line 18 from line 19) >	7,232.17	7,232.17	1100
Disbursements			
21. Operating Expenditures:			
a. Share-Federal/Non-Federal Activity (with Schedule H4)			
1. Federal Share			2100
2. Non-Federal Share			2100
3. Total Operating Expenditures (add 1, 2, and 3) >			2100
b. Other Federal Operating Expenditures			
4. Total Operating Expenditures (add a, b, and c) >			2100
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(b)) (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)			
29. Total Contribution Refunds (add a, b, and c) >			2800
29. Other Disbursements			
30. Total Disbursements (add 21a, 22, 23, 24, 25, 26, 27, 28d, and 29) >	4,000.00	4,000.00	2800
31. Total Federal Disbursements (subtract line 21 a from line 30) >	4,000.00	4,000.00	2800
Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11c)	7,232.17	7,232.17	2800
33. Total Contribution Refunds (from line 28d)	0.00	0.00	2800
34. Net Contributions (other than loans) (subtract line 33 from line 32)	7,232.17	7,232.17	2800
35. Total Federal Operating Expenditures (add 21 a and 21 b) >			
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	2800
37. Net Operating Expenditures (subtract line 36 from line 35) >	0.00	0.00	2800

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 1111

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 & 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
N/A	Occupation		0.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	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):	Aggregate Year-to-Date \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	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):	Aggregate Year-to-Date \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	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):	Aggregate Year-to-Date \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	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):	Aggregate Year-to-Date \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	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):	Aggregate Year-to-Date \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	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):	Aggregate Year-to-Date \$		

SUBTOTAL of Receipts This Page (optional) 0.00

TOTAL This Period (last page this line number only) 0.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 5
FOR LINE NUMBER 23

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 & Family Therapy
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
A Lot of People Supporting Tom Daschle 424 C Street, NE, 1st Floor Washington, DC 20002	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/05/04	1,000.00
B. Full Name, Mailing Address and ZIP Code Western Action PAC for Craig Thomas P.O. Box 1580 Casper, WY, 82602	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/17/04	2,500.00
C. Full Name, Mailing Address and ZIP Code Committee to Elect Schmidt 771 Ward's Center Road Loveland, Ohio	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/01/04	500.00
D. Full Name, Mailing Address and ZIP Code	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page use line number only)

4000.00

FEC Reporting for 2004

Report Period	1/1/04-3/31/04
Beginning Balance	19,142.50
Receipts	7,232.17
Subtotal	26,374.67
Disbursements	4,000.00
Ending Balance	22,374.67
1/1/2004	19,142.50
1/1/1800	0.00
Yr Total	7,232.17

Report:	1/1/2003 to 6/30/2003	Col A	Col B
		(This Period)	(Year to Date)
	Jan 1 2004	19,142.50	19,142.50

Cash on Hand	19,142.50	XXXXXXX	XXXXXXX
Cash on Hand at Beginning of Report	7,232.17	XXXXXXX	XXXXXXX
Total Receipts	26,374.67	XXXXXXX	XXXXXXX
Sub Total	4,000.00	XXXXXXX	XXXXXXX
Disbursements	22,374.67	XXXXXXX	XXXXXXX
Cash on Hand at Close of Reporting Period			

**Federal Election Commission
 ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC 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"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified/Priority/Express Mail	Postmarked (R/C) 4-15-04
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>PA</i> PREPARER	4-20-04 DATE PREPARED

(2/2004)