

# REPORT OF RECEIPTS AND DISBURSEMENTS

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FEC MAIL  
OPERATIONS CENTER

2004 DEC 27 A 11:07

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR PRINT TYPE OR PRINT

**1. NAME OF COMMITTEE (in full)**  
American Association for Marriage & Family Therapy  
Committee for the Advancement of Marital & Family Therapy

**ADDRESS (number and street)**  Check if different than previously reported  
112 South Alfred Street  
CITY, STATE and ZIP CODE  
Alexandria, VA 22314

**2. FEC IDENTIFICATION NUMBER**  
C00198259

This committee has qualified as a multi-candidate committee. (see FEC FORM 166)

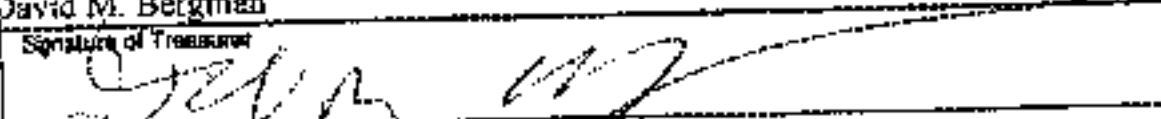
**4. TYPE OF REPORT**

- 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
  - March 20
  - April 20
  - May 20
  - June 20
  - July 20
  - August 20
  - September 20
  - October 20
  - November 20
  - December 20
  - January 21
- 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 \_\_\_\_\_
- (a) Is this Report an Amendment?  YES  NO

SUMMARY		COLUMN A	COLUMN B
5. Covering Period		This Period	Calendar Year-to-Date
10/18/2004 through 11/27/2004			
6. (a)	Cash on Hand January 1, 19 2004		\$ 19,142.50
(b)	Cash on Hand at Beginning of Reporting Period	\$ 16,727.67	
(c)	Total Receipts (from Line 19)	\$ 4,164.50	\$ 25,733.67
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 20,926.17	\$ 44,876.17
7.	Total Disbursements (from Line 30)	\$ 500.00	\$ 24,450.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 21,300.17	\$ 20,426.17
9.	Debit and Obligations Owed TO the Committee (Reimburse all on Schedule C and/or Schedule D)	\$ 0.00	
10.	Debit and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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  
12/20/04

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437c.

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# 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 10/18/04 TO 11/27/04

	COLUMN A Total/Final	COLUMN B Calendar Year	
<b>I Receipts</b>			
11. Contributions (other than loans) from:			
a. Individual/Persons Other Than Political Committees			
I. Identified (use Schedule A)			1160
II. Unidentified	4,164.50	20,926.17	1160
III. Total (add I and II) >	4,164.50	20,926.17	1160
b. Political Party Committees			1160
c. Other Political Committees (such as PACs)			1160
d. Total Contributions (add a II, b and c) >	4,164.50	20,926.17	1160
12. Transfers from Affiliated/Other Party Committees			1160
13. All Loans Received			1160
14. Loan Repayments Received			1160
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			1160
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	1160
17. Other Federal Receipts (Dividends, Interest, etc.)			1160
18. Transfers from Non-Federal Account for Joint Activity			1160
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	4,164.50	20,926.17	1160
20. Total Federal Receipts (subtract line 16 from line 19) >			1160
<b>II Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federation-Federal Activity (from Schedule H4)			
I. Federal Share			2160
II. Non-Federal Share			2160
b. Other Federal Operating Expenditures			2160
c. Total Operating Expenditures (add a I, II, and b) >			2160
22. Transfers to Affiliated/Other Party Committees	500.00	24,450.00	2160
23. Contributions to Federal Candidates/Committees and Other Political Committees			2160
24. Independent Expenditure (see Schedule E)			2160
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (see Schedule F)			2160
26. Loan Payments Made			2160
27. Loans Made			2160
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			2160
b. Political Party Committees			2160
c. Other Political Committees (such as PACs)			2160
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	2160
29. Other Disbursements	500.00	24,450.00	2160
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	500.00	24,450.00	2160
31. Total Federal Disbursements (subtract line 21 a II from line 30) >			2160
<b>III Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d)	4,164.50	20,426.17	2160
33. Total Contribution Refunds (from line 28d)	0.00	0.00	2160
34. Net Contributions (other than loans) (subtract line 33 from line 32)	4,164.50	20,426.17	2160
35. Total Federal Operating Expenditures (add 21 a I and 21 b) >	0.00	0.00	2160
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	2160
37. Net Operating Expenditures (subtract line 36 from line 35) >	0.00	0.00	2160

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 1181

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 confidential 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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Individual Contribution Occupation Marriage & Family Therapist	0.00
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):		Individual Contribution Occupation Marriage & Family Therapist	0.00
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):		Occupation	
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):		Occupation	
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):		Occupation	
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):		Occupation	
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):		Occupation	
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional) ..... 0.00

TOTAL This Period (last page lists line numbers only) ..... 0.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Disbursed Monetary Page	PAGE	OF
	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
Price for Congress P.O. Box 425 Roswell, GA 30077	Campaign Contribution	10/29/04	\$500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
B. 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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. 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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. 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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. 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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Campaign Contribution		
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Campaign Contribution		
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
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 checked="" 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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Disbursements This Page (optional)	\$500.00
<b>TOTAL</b> This Period (last page this line number only)	\$500.00

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	Postmarked (R/C) 12-7-04
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<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>AMW</i> PREPARER (5/2004)	12-27-04 DATE PREPARED