

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Assn. For Marriage & Family Therapy Comm. Advncmnt Of Marital & Family Therapy

ADDRESS (number and street) 112 South Alfred Street
 Check if different than previously reported. (ACC)
Alexandria VA 22314

2. **FEC IDENTIFICATION NUMBER** C00198259
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2009 through 06 30 2009

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 Tracy Todd

Signature of Treasurer Electronically Filed by Tracy Todd Date 07 14 2009

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

Office Use Only							
-----------------	--	--	--	--	--	--	--

FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

American Assn. For Marriage & Family Therapy Comm. Advncmnt Of Marital & Family Therapy

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		50409.05
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	50409.05									
(c) Total Receipts (from Line 19)	33569.00	33569.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	83978.05	83978.05								
7. Total Disbursements (from Line 31)	14250.00	14250.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	69728.05	69728.05								
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									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Assn. For Marriage & Family Therapy Comm. Advncmnt Of Marital & Family Therapy

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	250.00	250.00
(ii) Unitemized	33319.00	33319.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	33569.00	33569.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	33569.00	33569.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	33569.00	33569.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	33569.00	33569.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14250.00	14250.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	14250.00	14250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14250.00	14250.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	33569.00	33569.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33569.00	33569.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 13	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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 Assn. For Marriage & Family Therapy Comm. Advncmnt Of Marital & Family Therapy

A.	Full Name (Last, First, Middle Initial) Marvarene Oliver		Date of Receipt	
	Mailing Address 5934 S. Staples #206		M M / D D / Y Y Y Y 06 / 30 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.4722
	Corpus Chrisit	TX	78413	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		250.00	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	250.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Assn. For Marriage & Family Therapy Comm. Advncmnt Of Marital & Family Therapy

A. Full Name (Last, First, Middle Initial) Buck McKeon <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4735 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 750.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

B. Full Name (Last, First, Middle Initial) CITIZENS FOR HARKIN <hr/> Mailing Address P O BOX 811 <hr/> City State Zip Code DES MOINES IA 50304 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4743 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00

C. Full Name (Last, First, Middle Initial) CONGRESSMAN BART GORDON COMMITTEE <hr/> Mailing Address P.O. Box 2008 <hr/> City State Zip Code Murfreesboro TN 37133 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4739 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06

SUBTOTAL of Disbursements This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Assn. For Marriage & Family Therapy Comm. Advncmnt Of Marital & Family Therapy

A.	Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS	Transaction ID: SB23.4729
	Mailing Address P.O. Box 9336	Date of Disbursement MM / DD / YYYY 02 / 12 / 2009
	City Fargo State ND Zip Code 58106	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln	Transaction ID: SB23.4733
	Mailing Address 301 4th Street, NE 2nd Floor	Date of Disbursement MM / DD / YYYY 02 / 26 / 2009
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF PHIL HARE	Transaction ID: SB23.4747
	Mailing Address 224 18th Street P.O. Box 4183	Date of Disbursement MM / DD / YYYY 06 / 01 / 2009
	City Rock Island State IL Zip Code 61204	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Assn. For Marriage & Family Therapy Comm. Advncmnt Of Marital & Family Therapy

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Joe Wilson For Congress</p> <p>Mailing Address 929 Second Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Void check <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB23.4725 Date of Disbursement 01 / 05 / 2009</p> <p>Amount of Each Disbursement this Period -500.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Joe Wilson For Congress</p> <p>Mailing Address 929 Second Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB23.4727 Date of Disbursement 02 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Joe Wilson For Congress</p> <p>Mailing Address 929 Second Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB23.4745 Date of Disbursement 05 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Assn. For Marriage & Family Therapy Comm. Advncmnt Of Marital & Family Therapy

A. Full Name (Last, First, Middle Initial)
John Lewis for Congress

Mailing Address 219 3rd St., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB23.4734
Date of Disbursement 03 / 13 / 2009

Amount of Each Disbursement this Period 750.00

B. Full Name (Last, First, Middle Initial)
LINC PAC

Mailing Address 301 4th St., NE 2nd Floor

City Washington State DC Zip Code 20002

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB23.4749
Date of Disbursement 06 / 23 / 2009

Amount of Each Disbursement this Period 1000.00

C. Full Name (Last, First, Middle Initial)
MORAN FOR KANSAS

Mailing Address P.O. Box 1151

City Hays State KS Zip Code 67601

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB23.4726
Date of Disbursement 01 / 26 / 2009

Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Assn. For Marriage & Family Therapy Comm. Advncmnt Of Marital & Family Therapy

A.	Full Name (Last, First, Middle Initial) MORAN FOR KANSAS	Transaction ID: SB23.4751 Date of Disbursement 06 / 29 / 2009
	Mailing Address P.O. Box 1151	Amount of Each Disbursement this Period 250.00
	City Hays State KS Zip Code 67601	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Pete Stark Re-election Committee	Transaction ID: SB23.4732 Date of Disbursement 02 / 26 / 2009
	Mailing Address P.O. Box 75214	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20013-5214	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sen. Inouye Reelection	Transaction ID: SB23.4730 Date of Disbursement 02 / 11 / 2009
	Mailing Address	Amount of Each Disbursement this Period 500.00
	City State Zip Code	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Assn. For Marriage & Family Therapy Comm. Advncmnt Of Marital & Family Therapy

A.	Full Name (Last, First, Middle Initial) Souder for Congress	Transaction ID: SB23.4728 Date of Disbursement MM / DD / YYYY 02 / 11 / 2009
	Mailing Address PO Box 40233	Amount of Each Disbursement this Period 1000.00
	City Fort Wayne State IN Zip Code 46804	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Souder for Congress	Transaction ID: SB23.4750 Date of Disbursement MM / DD / YYYY 06 / 29 / 2009
	Mailing Address PO Box 40233	Amount of Each Disbursement this Period 500.00
	City Fort Wayne State IN Zip Code 46804	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WALDEN FOR CONGRESS INC	Transaction ID: SB23.4746 Date of Disbursement MM / DD / YYYY 05 / 15 / 2009
	Mailing Address PO Box 1091	Amount of Each Disbursement this Period 500.00
	City Hood River State OR Zip Code 97031	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Assn. For Marriage & Family Therapy Comm. Advncmnt Of Marital & Family Therapy

A.

Full Name (Last, First, Middle Initial)
WYDEN FOR SENATE

Mailing Address 232 NE 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
State: OR District: 00

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB23.4741

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
WYOMING VALUES PAC

Mailing Address 901 N Washington St Ste 102

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB23.4736

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)