

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED

2015 FEB -2 PM 12:41

Office Use Only

FEDERAL MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

American Association of Child & Adolescent
Psychiatry Political Action Committee

ADDRESS (number and street) (AACAP-PAC)
3615 Wisconsin Avenue, NW
Washington DC 20016

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00567843

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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|-------------------------------------------|----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on MM / DD / YYYY in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|----------------------------------------|---------------------------------------|----------------------------------------|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|----------------------------------------|---------------------------------------|----------------------------------------|

Election on MM / DD / YYYY in the State of

5. Covering Period MM / DD / YYYY through MM / DD / YYYY

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 Larry Burner

Signature of Treasurer *Larry Burner*

Date MM / DD / YYYY 01 / 28 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name *American Association of Child & Adolescent Psychiatry
Political Action Committee (AACAP-PAC)*

Report Covering the Period: From: / / To: / /

ACCOUNT INQUIRY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2.0.14"/>		<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2.0.28.19.9"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="2.0.00.00"/>	<input type="text" value="2.2.3.0.5.0.0"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="2.2.2.8.1.9.9"/>	<input type="text" value="2.2.3.0.5.0.0"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7.4.7.3.3"/>	<input type="text" value="7.7.0.3.4"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2.1.5.3.4.6.6"/>	<input type="text" value="2.1.5.3.4.6.6"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.0.0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.0.0"/>	

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)

Page 3

Write or Type Committee Name American Association of Child & Adolescent Psychiatry
Political Action Committee (AACAP-PAC)

Report Covering the Period: From: 1.1 / 2.5 / 2014 To: 1.2 / 3.1 / 2014

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).....	2,000.00	22,305.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2,000.00	22,305.00
(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).....▶	2,000.00	22,305.00
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 Transfers (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)).....▶	2,000.00	22,305.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2,000.00	22,305.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated 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	747.33	770.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	747.33	770.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (52 U.S.C. § 30101(2))		
(a) Allocated 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))..	747.33	770.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	747.33	770.34

DISBURSEMENTS

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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)	2,000.00	22,305.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2,000.00	22,305.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	7,473.3	7,703.4
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7,473.3	7,703.4

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

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

FOR LINE NUMBER: PAGE **1** OF **4**
 11a 11b 11c 12
 13 14 15 16 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 of child & Adolescent Psychiatry Political Action Committee (AACAP-PAC)

A. Sood, Aradhana
 Full Name (Last, First, Middle Initial)
 Mailing Address: **515 North 10th Street**
 City: **Richmond** State: **VA** Zip Code: **23298**
 Date of Receipt: **12/01/2014**
 Amount of Each Receipt this Period: **1,000.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **VCU HS** Occupation: **Physician**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **1,000.00**

B. Wasserman Saul
 Full Name (Last, First, Middle Initial)
 Mailing Address: **2516 Samaritan Drive Suite 6**
 City: **San Jose, CA** State: **CA** Zip Code: **95124**
 Date of Receipt: **12/03/2014**
 Amount of Each Receipt this Period: **1,000.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **Self employed** Occupation: **Physician**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **1,000.00**

C. Arroyo, William
 Full Name (Last, First, Middle Initial)
 Mailing Address: **4034 Witzel Drive**
 City: **Sherman Oaks** State: **CA** Zip Code: **91423**
 Date of Receipt: **12/05/2014**
 Amount of Each Receipt this Period: **2,000.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **Los Angeles County Dept of Health** Occupation: **Physician**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **2,000.00**

SUBTOTAL of Receipts This Page (optional).....▶ **1,300.00**
TOTAL This Period (last page this line number only).....▶ **1,300.00**

11-00000-1-00000-11

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE **2** OF **4**

(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"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
American Association of Child & Adolescent Psychiatry Political Action Committee
(CAACAP-PAC)

Full Name (Last, First, Middle Initial) A. Cavanaugh, Regina		Date of Receipt MM / DD / YYYY 12 / 05 / 2014	
Mailing Address 9807 Cow Page Ct		Amount of Each Receipt this Period 5,000.00	
City Temple, TX	State TX	Zip Code 76502	FEC ID number of contributing federal political committee. C
Name of Employer Independent Contractor	Occupation Physician	Aggregate Year-to-Date 5,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Jankowski, Joseph		Date of Receipt MM / DD / YYYY 12 / 09 / 2014	
Mailing Address 124 Pilgrim Road		Amount of Each Receipt this Period 1,000.00	
City Wellesley	State MA	Zip Code 02481	FEC ID number of contributing federal political committee. C
Name of Employer Retired	Occupation	Aggregate Year-to-Date 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Teal, Stewart		Date of Receipt MM / DD / YYYY 12 / 18 / 2014	
Mailing Address 2700 Anza Ave		Amount of Each Receipt this Period 1,000.00	
City Davis	State CA	Zip Code 95616	FEC ID number of contributing federal political committee. C
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	2,500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 3 OF 4
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
*American Association of Child & Adolescent Psychiatry Political Action Committee
(CAACAP-PAC)*

Full Name (Last, First, Middle Initial) A. <i>Martini, Richard</i>		Date of Receipt MM / DD / YYYY <i>12 / 22 / 2014</i>
Mailing Address <i>100 N. Mario Capecchi Drive</i>		Amount of Each Receipt this Period <i>250.00</i>
City <i>Salt Lake City</i>	State <i>UT</i>	
Zip Code <i>84113</i>		Aggregate Year-to-Date ▼ <i>250.00</i>
FEC ID number of contributing federal political committee. <i>C</i>		
Name of Employer <i>Univ. of Utah</i>	Occupation <i>Physician</i>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. <i>Robertson, John Jr.</i>		Date of Receipt MM / DD / YYYY <i>12 / 23 / 2014</i>
Mailing Address <i>10241 Kingston Pike suite 2</i>		Amount of Each Receipt this Period <i>100.00</i>
City <i>Knoxville, TN</i>	State <i>TN</i>	
Zip Code <i>37922</i>		Aggregate Year-to-Date ▼ <i>1,000.00</i>
FEC ID number of contributing federal political committee. <i>C</i>		
Name of Employer <i>Self</i>	Occupation <i>Physician</i>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. <i>Spiegel Richard</i>		Date of Receipt MM / DD / YYYY <i>12 / 29 / 2014</i>
Mailing Address <i>5502 E Calle Del Norte</i>		Amount of Each Receipt this Period <i>1,000.00</i>
City <i>Phoenix</i>	State <i>AZ</i>	
Zip Code <i>85018</i>		Aggregate Year-to-Date ▼ <i>1,000.00</i>
FEC ID number of contributing federal political committee. <i>C</i>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<i>450.00</i>
TOTAL This Period (last page this line number only).....▶	<i>2,000.00</i>

11-01-10 10:10 AM

**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 4 OF 4			
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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NAME OF COMMITTEE (In Full) *American Association of Child & Adolescent Psychiatry Political Action Committee*

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. <i>Transfirst Holdings</i>		<input type="text" value="MM/DD/YYYY"/> <i>12/10/2014</i>
Mailing Address <i>12202 Airport Way Ste 100</i>		Amount of Each Disbursement this Period <input type="text" value="Amount"/> <i>7,527.0</i>
City State Zip Code <i>Broomfield, CO 80021</i>		
Purpose of Disbursement <i>Credit Card fees</i>	Category/Type <input type="text"/>	
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: _____		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. <i>SunTrust Bank</i>		<input type="text" value="MM/DD/YYYY"/> <i>12/18/2014</i>
Mailing Address <i>3236 Wisconsin Ave, N.W</i>		Amount of Each Disbursement this Period <input type="text" value="Amount"/> <i>2,163</i>
City State Zip Code <i>Washington D.C. 20016</i>		
Purpose of Disbursement <i>Account Analysis Fee</i>	Category/Type <input type="text"/>	
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: _____		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C.		<input type="text" value="MM/DD/YYYY"/>
Mailing Address		Amount of Each Disbursement this Period <input type="text" value="Amount"/>
City State Zip Code		
Purpose of Disbursement	Category/Type <input type="text"/>	
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: _____		

SUBTOTAL of Disbursements This Page (optional).....	<input type="text" value="Amount"/> <i>7,743.3</i>
TOTAL This Period (last page this line number only).....	<input type="text" value="Amount"/> <i>7,743.3</i>

cy
AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY

A A C A P . O R G

Wisconsin Avenue, NW
Washington, DC 20016-3007

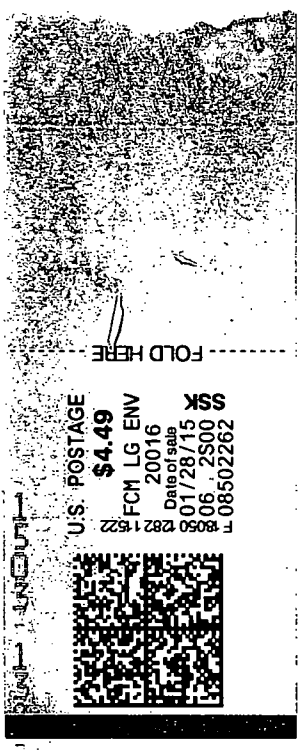
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ACAP'S
ANNUAL MEETING
FEBRUARY 20-25, 2014 • SAN DIEGO, CA
HILTON GRAND HYATT & MARRIOTT MARQUIS & MARINA

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL



7014 2120 0004 1771 5343



Federal Election Commission
999 E Street, NW
Washington, D.C. 20463

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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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
1/28/15

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark


Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


PREPARER
(8/2013)

2/2/15
DATE PREPARED

UN-OUT - INFO - IN-OUT