

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Association of Child & Adolescent Psychiatry PAC

ADDRESS (number and street) 3615 Wisconsin Ave NW Washington DC 20016-3007

2. FEC IDENTIFICATION NUMBER C00567883 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 10 / 18 / 2018 through 11 / 26 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Fordi, Heidi, B., Type or Print Name of Treasurer

Signature of Treasurer Fordi, Heidi, B., [Electronically Filed] Date 12 / 06 / 2018

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Association of Child & Adolescent Psychiatry PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="97632.77"/>	<input type="text" value="97632.77"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="82905.90"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="21045.90"/>	<input type="text" value="44003.90"/>
(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="103951.80"/>	<input type="text" value="141636.67"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1141.10"/>	<input type="text" value="38825.97"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="102810.70"/>	<input type="text" value="102810.70"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

Write or Type Committee Name

American Association of Child & Adolescent Psychiatry PAC

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).....	16430.00	32808.00
(ii) Unitemized	4615.90	11195.90
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	21045.90	44003.90
(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)	21045.90	44003.90
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)).....▶	21045.90	44003.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	21045.90	44003.90

DETAILED SUMMARY PAGE
of Disbursements

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	1141.10	2325.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1141.10	2325.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	36500.00
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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(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)) ..	1141.10	38825.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1141.10	38825.97

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	21045.90	44003.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21045.90	44003.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1141.10	2325.97
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1141.10	2325.97

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 16
<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

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 PAC

A. Chou, Clarence, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9501 W Watertown Plank Rd

City Wauwatosa	State WI	Zip Code 53226-3552
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) columbia st. mary's	Occupation (for Individual) physician
--	--

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2018

Transaction ID : T171423

Amount of Each Receipt this Period
1000.00

Memo Item
Federal General Contributions

B. Fornari, Victor, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17 N Circle Dr

City Great Neck	State NY	Zip Code 11021-1708
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Northwell Health	Occupation (for Individual) psychiatrist
---	---

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2018

Transaction ID : T171439

Amount of Each Receipt this Period
250.00

Memo Item
Federal General Contributions

C. Fouras, George, Alex, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 600 S Commonwealth Ave 2nd Floor

City Los Angeles	State CA	Zip Code 90005
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) city & county of SF	Occupation (for Individual) physician
--	--

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2018

Transaction ID : T171424

Amount of Each Receipt this Period
1000.00

Memo Item
Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 7 OF 16
(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

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 PAC

A. Frederickson, Anne, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Castleman Dr

City Westfield	State NJ	Zip Code 07090-2010
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) newark beth israel medical center	Occupation (for Individual) physician
--	--

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2018

Transaction ID : T171460

Amount of Each Receipt this Period
300.00

Memo Item
Federal General Contributions

B. Gurak, Randall, B., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Mall Dr Ste 920

City Cherry Hill	State NJ	Zip Code 08002-2101
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Child & Adolescent Psychiatrist
---	--

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2018

Transaction ID : T171420

Amount of Each Receipt this Period
500.00

Memo Item
Federal General Contributions

C. Kelly, Patrick, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12913 Mission Ave Unit 109

City Hawthorne	State CA	Zip Code 90250-5863
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LA County OHS	Occupation (for Individual) Psychiatrist
--	---

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2018

Transaction ID : T171427

Amount of Each Receipt this Period
1000.00

Memo Item
Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
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: (check only one)	PAGE 8 OF 16
<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

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 PAC

A. Koss, Debra, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46 Main St Ste 201
 City Sparta State NJ Zip Code 07871-1910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) child-adolescent psychiatrist
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2018
Transaction ID : T171426
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 Federal General Contributions

B. Martin, Andres, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 230 S Frontage Rd
 City New Haven State CT Zip Code 06519-1124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yale Child Study Center Occupation (for Individual) Child & Adolescent Psychiatrist
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2018
Transaction ID : T171437
 Amount of Each Receipt this Period
 300.00
 Memo Item
 Federal General Contributions

C. Oatis, Melvin, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 E 36th St Apt 11A
 City New York State NY Zip Code 10016-3605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYU School of Medicine Occupation (for Individual) physician
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2018
Transaction ID : T171463
 Amount of Each Receipt this Period
 250.00
 Memo Item
 Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....	1550.00
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: (check only one)	PAGE 9 OF 16
<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

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 PAC

A. Pierce, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2634 N Dayton St
 City Chicago State IL Zip Code 60614-2306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) MD
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2018
Transaction ID : T171419
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 Federal General Contributions

B. Scherer, Susan, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7777 Lake St Ste 114
 City River Forest State IL Zip Code 60305-1734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) physician
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2018
Transaction ID : T171461
 Amount of Each Receipt this Period
 500.00
 Memo Item
 Federal General Contributions

C. Shapiro, Gabrielle, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 343 E 74th St PH 3C
 City New York State NY Zip Code 10021-3777
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) MD
 Receipt For: 2018
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2018
Transaction ID : T171422
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....	2500.00
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: (check only one)	PAGE 10 OF 16
<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

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 PAC

A. Swift, William, J., , III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 North Roby Road

City Madison	State WI	Zip Code 53726
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sauk Co. Human Services	Occupation (for Individual) Child & Adolescent Psychiatrist
--	--

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2018

Transaction ID : T171612

Amount of Each Receipt this Period
300.00

Memo Item
Federal General Contributions

B. Wagner, Karen, Dineen, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 301 University Blvd

City Galveston	State TX	Zip Code 77555-5302
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UTMB	Occupation (for Individual) physician
---	--

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2018

Transaction ID : T171629

Amount of Each Receipt this Period
1000.00

Memo Item
Federal General Contributions

C. Murstein, Danielle, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 112 S Grant St

City Hinsdale	State IL	Zip Code 60521-4051
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self	Occupation (for Individual) Child & Adolescent Psychiatrist
---	--

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2018

Transaction ID : T171633

Amount of Each Receipt this Period
500.00

Memo Item
Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....	1800.00
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: (check only one)	PAGE 11 OF 16
<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

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 PAC

A. Herdman, Jeanine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 205 E. McMurray Rd
 City McMurray State PA Zip Code 15317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) CAP
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2018
Transaction ID : T171358
 Amount of Each Receipt this Period 250.00
 Memo Item
 Federal General Contributions

B. Holloway, Robert, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 566 S San Vicente Blvd Ste 201
 City Los Angeles State CA Zip Code 90048-4650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHLA/USC Occupation (for Individual) physician
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2018
Transaction ID : T171383
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Federal General Contributions

C. Fritz, Gregory, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Sunset Ct
 City Warren State RI Zip Code 02885-1749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lifespan Occupation (for Individual) Physician
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2018
Transaction ID : T171632
 Amount of Each Receipt this Period 500.00
 Memo Item
 Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....	1750.00
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: (check only one)	PAGE 12 OF 16
<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

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 PAC

A. DeAntonio, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 760 Westwood Plz
 City Los Angeles State CA Zip Code 90024-5055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UC Regents Occupation (for Individual) physician - professor
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2018
Transaction ID : T171339
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 Federal General Contributions

B. Ahmadi, Naser, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4638 Maytime Ln
 City Culver City State CA Zip Code 90230-5062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UCLA Occupation (for Individual) CAP
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2018
Transaction ID : T171598
 Amount of Each Receipt this Period
 250.00
 Memo Item
 Federal General Contributions

C. Arroyo, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 550 S Vermont Ave
 Los Angeles County Dmh
 City Los Angeles State CA Zip Code 90020-1912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LA County Dept. of Mental Health Occupation (for Individual) physician
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2018
Transaction ID : T171608
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 13 OF 16
(check only one)
 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 PAC

A. Sholevar, Ellen, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 Righters Mill Rd
 City Narberth State PA Zip Code 19072-1315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Children's hospital of philadelphia Occupation (for Individual) physician
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2018
Transaction ID : T171643
 Amount of Each Receipt this Period 250.00
 Memo Item
 Federal General Contributions

B. Karluk, Michael, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9342 Whispering Sands Drive
 City West Olive State MI Zip Code 49460-9364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pine Rest - Southwest Clinic Occupation (for Individual) child psychiatrist
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2018
Transaction ID : T171657
 Amount of Each Receipt this Period 250.00
 Memo Item
 Federal General Contributions

C. Carter, Debbie, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Psychiatry
 13001 E. 17th Place
 City Aurora State CO Zip Code 80045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Colorado Occupation (for Individual) Director, CIEP, Div. of Child Psychiat
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2018
Transaction ID : T171715
 Amount of Each Receipt this Period 250.00
 Memo Item
 Federal General Contributions

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
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: (check only one)	PAGE 14 OF 16
<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

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 PAC

A. Gogineni, Rama Rao, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 410 Baird Rd
 City Merion Station State PA Zip Code 19066-1417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cooper Medical School of Rowan Univers Occupation (for Individual) Associate Professor of Psychiatry
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2018
Transaction ID : T171717
 Amount of Each Receipt this Period 250.00
 Memo Item
 Federal General Contributions

B. Palyo, Scott, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 99 John St Apt 2201
 City New York State NY Zip Code 10038-2934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NY Psychiatry Therapy P.C. Occupation (for Individual) Child & Adolescent Psychiatrist
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2018
Transaction ID : T171986
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Federal General Contributions

C. Bernstein, Basil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 387 Desert Lakes Dr
 City Palm Springs State CA Zip Code 92264-5513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) CAP
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2018
Transaction ID : T172239
 Amount of Each Receipt this Period 30.00
 Memo Item
 Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....	1280.00
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 15 OF 16
(check only one)
 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 PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jaselskis, Catherine, A., ,

Mailing Address 1533 Spruce St

City Northbrook State IL Zip Code 60062-5465

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self Occupation (for Individual) Child & Adolescent Psychiatrist

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2018

Transaction ID : T172240

Amount of Each Receipt this Period
 500.00

Memo Item
 Federal General Contributions

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	16430.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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 Association of Child & Adolescent Psychiatry PAC

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address 3236 Wisconsin Ave NW

City
Washington

State
DC

Zip Code
20016-3806

Purpose of Disbursement
Account Analysis Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: DC District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : A11536168

Amount of Each Disbursement this Period

[REDACTED] 24.17

Memo Item

Full Name (Last, First, Middle Initial)

B. Transfirst Holdings

Mailing Address 12202 Airport Way Ste 100

City
Broomfield

State
CO

Zip Code
80021-2596

Purpose of Disbursement
Credit Card Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: CO District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : A11537208

Amount of Each Disbursement this Period

[REDACTED] 1088.95

Memo Item

Full Name (Last, First, Middle Initial)

C. SunTrust Bank

Mailing Address 3236 Wisconsin Ave NW

City
Washington

State
DC

Zip Code
20016-3806

Purpose of Disbursement
Account Analysis Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: DC District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : A11537209

Amount of Each Disbursement this Period

[REDACTED] 27.98

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 1141.10

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 1141.10