

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 Ste 2 Washington DC 20016-3007 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C 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 Year-End Report (YE) (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), 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 (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 07 / 01 / 2015 through 12 / 31 / 2015

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 [Electronically Filed] Date 01 / 29 / 2016

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

**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 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="2015"/>	<input type="text" value="21534.66"/>	<input type="text" value="21534.66"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="29841.94"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="29082.00"/>	<input type="text" value="42977.00"/>
(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="58923.94"/>	<input type="text" value="64511.66"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7984.24"/>	<input type="text" value="13571.96"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="50939.70"/>	<input type="text" value="50939.70"/>
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

FEC Form 3X (Rev. 06/2004)

Page 3

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).....	22501.00	29601.00
(ii) Unitemized	6581.00	13376.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	29082.00	42977.00
(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)	29082.00	42977.00
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))..... ▶	29082.00	42977.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	29082.00	42977.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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	1084.24	1671.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1084.24	1671.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500.00	11500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	400.00	400.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	7984.24	13571.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7984.24	13571.96

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	29082.00	42977.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29082.00	42977.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1084.24	1671.96
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1084.24	1671.96

**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 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. Douglas A. Kramer
 Full Name (Last, First, Middle Initial)
 Mailing Address 5621 Sedgemoor Rd
 City Middleton State WI Zip Code 53562-1256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Catholic Charities of Madison, WI Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **07 / 07 / 2015**
Transaction ID : T135842
 Amount of Each Receipt this Period **400.00**
 Federal General Contributions

B. Mark Chenven
 Full Name (Last, First, Middle Initial)
 Mailing Address 8825 Aero Dr Ste 315
 City San Diego State CA Zip Code 92123-2270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation MD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 27 / 2015**
Transaction ID : T135847
 Amount of Each Receipt this Period **500.00**
 FEC Contribution Federal General Contributions

c. Gabrielle L. Shapiro
 Full Name (Last, First, Middle Initial)
 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 Self Occupation MD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1100.00**

Date of Receipt **10 / 05 / 2015**
Transaction ID : T138902
 Amount of Each Receipt this Period **1100.00**
 Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 22
(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 PAC

A. Marianne Z. Wamboldt
Full Name (Last, First, Middle Initial)

Mailing Address 13123 E 16th Ave # 130
Anschutz Medical Campus

City Aurora State CO Zip Code 80045-7106

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

Name of Employer University of Colorado Occupation Child & Adolescent Psychiatrist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
10 / 09 / 2015
Transaction ID : T140534

Amount of Each Receipt this Period
1000.00

Federal General Contributions

B. Robert L. Hendren
Full Name (Last, First, Middle Initial)

Mailing Address 401 Parnassus Ave

City San Francisco State CA Zip Code 94143-2211

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

Name of Employer UCSF Occupation child & adolescent psychiatrist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 09 / 2015
Transaction ID : T140533

Amount of Each Receipt this Period
1000.00

Federal General Contributions

C. Dr. Mark DeAntonio
Full Name (Last, First, Middle Initial)

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 UC Regents Occupation physician - professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 13 / 2015
Transaction ID : T140536

Amount of Each Receipt this Period
1000.00

Federal General Contributions

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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 8 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Association of Child & Adolescent Psychiatry PAC

A. Heidi Buttner Fordi
 Full Name (Last, First, Middle Initial)
 Mailing Address 3615 Wisconsin Ave NW Ste 2
 City Washington State DC Zip Code 20016-3056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AACAP Occupation Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 15 / 2015
Transaction ID : T140537
 Amount of Each Receipt this Period 1000.00
 Federal General Contributions

B. Karen Pierce
 Full Name (Last, First, Middle Initial)
 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 Self Occupation MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 16 / 2015
Transaction ID : T140539
 Amount of Each Receipt this Period 1000.00
 Federal General Contributions

C. Richard M. Spiegel
 Full Name (Last, First, Middle Initial)
 Mailing Address 7510 E 1st St
 City Scottsdale State AZ Zip Code 85251-4502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Mental Health Assoc., Ltd. Occupation Child & Adolescent Psychiatrist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 28 / 2015
Transaction ID : T140542
 Amount of Each Receipt this Period 250.00
 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 9 OF 22
(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 PAC

Full Name (Last, First, Middle Initial)
A. Danielle Murstein, MD

Mailing Address 112 S Grant St

City	State	Zip Code
Hinsdale	IL	60521-4051

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

Name of Employer	Occupation
self	Child & Adolescent Psychiatrist

Receipt For:
 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	/	28	/	2015

Transaction ID : T140544

Amount of Each Receipt this Period
250.00

Federal General Contributions

Full Name (Last, First, Middle Initial)
B. Sharon L. Hirsch

Mailing Address 2121 Schiller Ave

City	State	Zip Code
Wilmette	IL	60091-2325

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

Name of Employer	Occupation
UW Health	physician

Receipt For:
 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	/	28	/	2015

Transaction ID : T140553

Amount of Each Receipt this Period
250.00

Federal General Contributions

Full Name (Last, First, Middle Initial)
C. Kathleen M. Kelley

Mailing Address University of Illinois-Chicago
1747 West Roosevelt Road (M/C 747)

City	State	Zip Code
Chicago	IL	60608

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

Name of Employer	Occupation
uic	Child & Adolescent Psychiatrist

Receipt For:
 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	/	28	/	2015

Transaction ID : T140564

Amount of Each Receipt this Period
500.00

Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 10 OF 22
	(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 PAC

A. Debra E. Koss
Full Name (Last, First, Middle Initial)

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 self-employed Occupation child-adolescent psychiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 28 / 2015
Transaction ID : T140546

Amount of Each Receipt this Period 1000.00

Federal General Contributions

B. Mark S. Borer
Full Name (Last, First, Middle Initial)

Mailing Address 846 Walker Rd Ste 32-2

City Dover State DE Zip Code 19904-2756

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

Name of Employer Psychiatric Access Force DE, PA Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 28 / 2015
Transaction ID : T140556

Amount of Each Receipt this Period 300.00

Federal General Contributions

C. William Arroyo
Full Name (Last, First, Middle Initial)

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 LA County Dept. of Mental Health Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 29 / 2015
Transaction ID : T140762

Amount of Each Receipt this Period 500.00

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: PAGE 11 OF 22
(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 PAC

A. Susan Grover Colasurdo
Full Name (Last, First, Middle Initial)
Mailing Address 2788 Riverwalk Loop
City Eugene State OR Zip Code 97401-1536
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation Child & Adolescent Psychiatrist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 29 / 2015**
Transaction ID : T140766
Amount of Each Receipt this Period **250.00**
Federal General Contributions

B. Larry Marx
Full Name (Last, First, Middle Initial)
Mailing Address 327 SW Sam Jackson Park Rd OHSU
City Portland State OR Zip Code 97201
FEC ID number of contributing federal political committee. **C**
Name of Employer group health Occupation physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 29 / 2015**
Transaction ID : T140581
Amount of Each Receipt this Period **500.00**
Federal General Contributions

C. Dr. Paramjit T. Joshi
Full Name (Last, First, Middle Initial)
Mailing Address 111 Michigan Ave NW West 2.5-700
City Washington State DC Zip Code 20010-2916
FEC ID number of contributing federal political committee. **C**
Name of Employer Children's National Medical Center Occupation child & adolescent psychiatrist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 29 / 2015**
Transaction ID : T140566
Amount of Each Receipt this Period **1000.00**
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 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 PAC

A. Gregory K. Fritz
Full Name (Last, First, Middle Initial)

Mailing Address 1 Hoppin St
Coro West Ste 204

City Providence State RI Zip Code 02903-4141

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

Name of Employer Lifespan Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
10 / 29 / 2015
Transaction ID : T140763

Amount of Each Receipt this Period
1500.00

Federal General Contributions

B. Rama Rao Gogineni
Full Name (Last, First, Middle Initial)

Mailing Address 1 Belmont Ave Ste 315

City Bala Cynwyd State PA Zip Code 19004-1604

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

Name of Employer Occupation Cooper University Hospital physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 29 / 2015
Transaction ID : T140567

Amount of Each Receipt this Period
1000.00

Federal General Contributions

C. Yiu Kee Warren Ng
Full Name (Last, First, Middle Initial)

Mailing Address 418 Central Park W Apt 98

City New York State NY Zip Code 10025-4838

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

Name of Employer Occupation Columbia University psychiatrist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
10 / 29 / 2015
Transaction ID : T140565

Amount of Each Receipt this Period
1000.00

Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....▶ 3500.00

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 13 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Association of Child & Adolescent Psychiatry PAC

A. Sravanthi Pajerla
 Full Name (Last, First, Middle Initial)
 Mailing Address 6184 Carriage Trail Dr
 City State Zip Code
 Troy MI 48098-5359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation Child & Adolescent Psychiatrist
 Receipt For: 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 / 29 / 2015
Transaction ID : T140769
 Amount of Each Receipt this Period
2000.00
 Federal General Contributions

B. Scott M. Palyo
 Full Name (Last, First, Middle Initial)
 Mailing Address 99 John St Apt 2201
 City State Zip Code
 New York NY 10038-2934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NY Psychiatry Therapy P.C. Occupation Child & Adolescent Psychiatrist
 Receipt For: 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 / 29 / 2015
Transaction ID : T140759
 Amount of Each Receipt this Period
1100.00
 Federal General Contributions

C. Susan M. Scherer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1020 Monroe Ave
 City State Zip Code
 River Forest IL 60305-1426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Private Practice Occupation Psychiatrist
 Receipt For: 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 / 29 / 2015
Transaction ID : T140568
 Amount of Each Receipt this Period
500.00
 Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....	3600.00
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 14 OF 22
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Child & Adolescent Psychiatry PAC

A. Dr. Lisa Ann Durette
Full Name (Last, First, Middle Initial)

Mailing Address 5516 S Ft Apache
Suite 100

City Las Vegas State NV Zip Code 89148

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

Name of Employer self Occupation child psychiatrist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
10 / 29 / 2015
Transaction ID : T140760

Amount of Each Receipt this Period
1500.00

Federal General Contributions

B. Martin J. Drell
Full Name (Last, First, Middle Initial)

Mailing Address 1542 Tulane Ave Rm 236

City New Orleans State LA Zip Code 70112-2865

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

Name of Employer LSU Health Service Center, New Orleans Occupation Child & Adolescent Psychiatrist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.00

Date of Receipt
10 / 30 / 2015
Transaction ID : T140850

Amount of Each Receipt this Period
101.00

Federal General Contributions

C. Robert P. Chayer
Full Name (Last, First, Middle Initial)

Mailing Address 9000 W Wisconsin Ave Ste B510

City Milwaukee State WI Zip Code 53226-4874

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

Name of Employer Medical College of Wisconsin Occupation Child & Adolescent Psychiatrist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
10 / 30 / 2015
Transaction ID : T140851

Amount of Each Receipt this Period
250.00

Federal General Contributions

SUBTOTAL of Receipts This Page (optional)..... ▶ 1851.00

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 22
(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 PAC

Full Name (Last, First, Middle Initial)
A. Ronald Szabat

Mailing Address 3615 Wisconsin Ave NW Ste 2

City Washington	State DC	Zip Code 20016-3056
--------------------	-------------	------------------------

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

Name of Employer AACAP	Occupation Director
---------------------------	------------------------

Receipt For:
 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
12	/	02	/	2015

Transaction ID : T141819

Amount of Each Receipt this Period
250.00

Federal General Contributions

Full Name (Last, First, Middle Initial)
B. Karen Dineen Wagner

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 UTMB	Occupation physician
--------------------------	-------------------------

Receipt For:
 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
12	/	15	/	2015

Transaction ID : T141821

Amount of Each Receipt this Period
1000.00

Federal General Contributions

Full Name (Last, First, Middle Initial)
C. Gabrielle A. Carlson

Mailing Address SUNY Stony Brook
Putnam Hall-South Campus

City Stony Brook	State NY	Zip Code 11794-0001
---------------------	-------------	------------------------

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

Name of Employer Stony Brook University	Occupation physician
--	-------------------------

Receipt For:
 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
12	/	21	/	2015

Transaction ID : T142442

Amount of Each Receipt this Period
500.00

Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	22501.00

**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"/> 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

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NAME OF COMMITTEE (In Full)
American Association of Child & Adolescent Psychiatry PAC

Full Name (Last, First, Middle Initial)

A. 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
State: CO District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2015

Transaction ID : A624640

Amount of Each Disbursement this Period

91.73

Full Name (Last, First, Middle Initial)

B. 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
State: DC District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2015

Transaction ID : A624641

Amount of Each Disbursement this Period

25.28

Full Name (Last, First, Middle Initial)

C. 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
State: CO District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2015

Transaction ID : A624652

Amount of Each Disbursement this Period

67.76

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

184.77

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 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	<input type="checkbox"/> 30b

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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 Fee

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: DC District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2015

Transaction ID : A624647

Amount of Each Disbursement this Period

26.13

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
State: CO District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2015

Transaction ID : A624653

Amount of Each Disbursement this Period

16.92

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
State: DC District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2015

Transaction ID : A624648

Amount of Each Disbursement this Period

23.10

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

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

66.15

**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"/> 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

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NAME OF COMMITTEE (In Full)
American Association of Child & Adolescent Psychiatry PAC

Full Name (Last, First, Middle Initial)

A. Transfirst Holdings

Mailing Address 12202 Airport Way Ste 100

City Broomfield State CO Zip Code 80021-2596

Purpose of Disbursement
Credit Card Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: CO District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : A624654

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. SunTrust Bank

Mailing Address 3236 Wisconsin Ave NW

City Washington State DC Zip Code 20016-3806

Purpose of Disbursement
Account Analysis Fee

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: DC District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : A624649

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Transfirst Holdings

Mailing Address 12202 Airport Way Ste 100

City Broomfield State CO Zip Code 80021-2596

Purpose of Disbursement
Credit Card Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: CO District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : A624655

Amount of Each Disbursement this Period

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

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 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	<input type="checkbox"/> 30b

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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 Fee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : A624650

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : A624656

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : A624651

Amount of Each Disbursement this Period

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

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

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NAME OF COMMITTEE (In Full)
American Association of Child & Adolescent Psychiatry PAC

Full Name (Last, First, Middle Initial)

A. Collins for Congress

Mailing Address PO Box 386

City State Zip Code
Clarence NY 14031-0386

Purpose of Disbursement
Chris Collins for Congress

011

Candidate Name
Chris Collins

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 27

Disbursement For: 2016
 Primary General
 Other (specify) ▼
PRIMARY 2016

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2015

Transaction ID : **A594977**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Rosa DeLauro

Mailing Address 129 Church St Ste 818

City State Zip Code
New Haven CT 06510-2005

Purpose of Disbursement
Rosa DeLauro for Congress

011

Candidate Name
Rosa DeLauro

Category/
Type

Office Sought: House
 Senate
 President
State: CT District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼
PRIMARY 2016

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2015

Transaction ID : **A594978**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Tuesday Group PAC

Mailing Address 209 Pennsylvania Ave SE

City State Zip Code
Washington DC 20003-1107

Purpose of Disbursement
2015 Contribution for group

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: DC District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2015

Transaction ID : **A594962**

Amount of Each Disbursement this Period

2500.00

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

5500.00

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

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NAME OF COMMITTEE (In Full)
American Association of Child & Adolescent Psychiatry PAC

Full Name (Last, First, Middle Initial)

A. Paul Tonko for Congress

Mailing Address 911 Central Ave Ste 221

City Albany State NY Zip Code 12206-1350

Purpose of Disbursement
Paul Tonko for Congress

011

Category/
Type

Candidate Name
Paul Tonko

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼
PRIMARY 2016

State: NY District: 20

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2015

Transaction ID : A598404

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

1000.00

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

6500.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Association of Child & Adolescent Psychiatry PAC

Full Name (Last, First, Middle Initial)

A. Douglas A. Kramer

Mailing Address 5621 Sedgemoor Rd

City Middleton State WI Zip Code 53562-1256

Purpose of Disbursement
Mis-deposit corrective action taken

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : A625483

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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