

**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**

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

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

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

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

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

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)..... ▶