

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

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

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

C C00567883

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 M M / D D / Y Y Y Y Y Y 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 M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 01 / 01 / 2018 through M M / D D / Y Y Y Y Y Y 03 / 31 / 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 M M / D D / Y Y Y Y Y Y 04 / 11 / 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.

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="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="97632.77"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="4685.00"/>	<input type="text" value="4685.00"/>
(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="102317.77"/>	<input type="text" value="102317.77"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="12310.14"/>	<input type="text" value="12310.14"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="90007.63"/>	<input type="text" value="90007.63"/>
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).....	3500.00	3500.00
(ii) Unitemized	1185.00	1185.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4685.00	4685.00
(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)	4685.00	4685.00
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)).....▶	4685.00	4685.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4685.00	4685.00

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	310.14	310.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	310.14	310.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	12000.00
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)) ..	12310.14	12310.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12310.14	12310.14

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)	4685.00	4685.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4685.00	4685.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	310.14	310.14
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	310.14	310.14

**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 12
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 03 / 2018
Transaction ID : T164254
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Federal General Contributions

B. Hendren, Robert, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) UCSF Occupation (for Individual) child & adolescent psychiatrist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 03 / 2018
Transaction ID : T163714
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Federal General Contributions

C. Fassler, David, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 86 Lake St Ste 2
 City Burlington State VT Zip Code 05401-5297
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 11 / 2018
Transaction ID : T164100
 Amount of Each Receipt this Period 1000.00
 Memo Item
 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 7 OF 12
(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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Jalando-On, Cynthia, T., ,

Mailing Address 506 Malcolm X Blvd

City New York State NY Zip Code 10037-1802

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

Name of Employer (for Individual) Christian Health Care Center Occupation (for Individual) psychiatrist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 01 / 29 / 2018
Transaction ID : T164834

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

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

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).....▶	3500.00

**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

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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

Disbursement For:
 Primary General
 Other (specify) ▼

State: CO District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	1	8

FEC Identification Number

C

Transaction ID : A3119815

Amount of Each Disbursement this Period

84.76

Memo Item

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 Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: DC District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	1	8

FEC Identification Number

C

Transaction ID : A3119449

Amount of Each Disbursement this Period

21.32

Memo Item

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: CO District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	1	8

FEC Identification Number

C

Transaction ID : A3119816

Amount of Each Disbursement this Period

126.58

Memo Item

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

232.66

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"/> 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 Fees

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : A3119450
Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : A3119817
Amount of Each Disbursement this Period

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 Fees

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : A3119451
Amount of Each Disbursement this Period

Memo Item

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"/> 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

A. Scalise Leadership PAC

Full Name (Last, First, Middle Initial)
Mailing Address 317 15th Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement 2018 Contribution

Candidate Name

Office Sought: House Senate President
State: DC District:

Disbursement For: 2018
 Primary General
 Other (specify) 2018 Contribution

Date of Disbursement: 02 / 08 / 2018

FEC Identification Number: C
Transaction ID : A3117387
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Castor for Congress

Full Name (Last, First, Middle Initial)
Mailing Address 301 W. Platt Street #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement Castor for Congress

Candidate Name
Castor, Kathy, , ,

Office Sought: House Senate President
State: FL District:

Disbursement For: 2018
 Primary General
 Other (specify)

Date of Disbursement: 02 / 08 / 2018

FEC Identification Number: C
Transaction ID : A3117631
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Michael Burgess for Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 2334

City Denton State TX Zip Code 76202-2334

Purpose of Disbursement Michael Burgess for Congress

Candidate Name
Burgess, Michael, , ,

Office Sought: House Senate President
State: TX District: 26

Disbursement For: 2018
 Primary General
 Other (specify)

Date of Disbursement: 02 / 08 / 2018

FEC Identification Number: C
Transaction ID : A3116906
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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"/> 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. New Democrat Coalition PAC

Mailing Address 233 Pennsylvania Ave SE Fl 2

City
Washington

State
DC

Zip Code
20003-1121

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: DC District:

2018 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	08	/	2018

FEC Identification Number

C [REDACTED]

Transaction ID : A3117508

Amount of Each Disbursement this Period

[REDACTED] 3500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tuesday Group PAC

Mailing Address 209 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1107

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: DC District:

2018 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	08	/	2018

FEC Identification Number

C [REDACTED]

Transaction ID : A3117509

Amount of Each Disbursement this Period

[REDACTED] 3500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Pallone for Congress

Mailing Address PO Box 3176

City
Long Branch

State
NJ

Zip Code
07740-3176

Purpose of Disbursement
Frank Pallone for Congress

011

Category/
Type

Candidate Name

Pallone, Frank, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2018

FEC Identification Number

C [REDACTED]

Transaction ID : A3117753

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

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

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

[REDACTED] 8000.00

[REDACTED]

**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"/> 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

A. Andy Harris for Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 426

City: Stevensville State: MD Zip Code: 21666-0426

Purpose of Disbursement: Andy Harris for Congress

Candidate Name: Harris, Andy, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: MD District: 01

Date of Disbursement: 03 / 22 / 2018

FEC Identification Number: C []

Transaction ID: A3117754

Amount of Each Disbursement this Period: 1000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: [] / [] / []

FEC Identification Number: C []

Amount of Each Disbursement this Period: []

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: [] / [] / []

FEC Identification Number: C []

Amount of Each Disbursement this Period: []

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	12000.00