

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 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, July 31 Mid-Year Report (selected), Termination Report (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) Election on in the State of (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S) Election on in the State of

5. Covering Period 01 / 01 / 2015 through 06 / 30 / 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 07 / 31 / 2015

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"/>		21534.66
(b) Cash on Hand at Beginning of Reporting Period.....	21534.66	
(c) Total Receipts (from Line 19)	13895.00	13895.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	35429.66	35429.66
7. Total Disbursements (from Line 31).....	5587.72	5587.72
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	29841.94	29841.94
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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).....	7100.00	7100.00
(ii) Unitemized	6795.00	6795.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13895.00	13895.00
(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)	13895.00	13895.00
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))..... ▶	13895.00	13895.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	13895.00	13895.00

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	587.72	587.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	587.72	587.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
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	0.00	0.00
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)) ..	5587.72	5587.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5587.72	5587.72

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)	13895.00	13895.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13895.00	13895.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	587.72	587.72
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	587.72	587.72

**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 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Kaye L. McGinty
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 Moye Blvd
 Brody Mail Stop 635
 City Greenville State NC Zip Code 27834-4300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer East Carolina University Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 23 / 2015**
Transaction ID : T135749
 Amount of Each Receipt this Period **250.00**
 FEC Contribution Federal General Contributions

B. Rupa Shetty
 Full Name (Last, First, Middle Initial)
 Mailing Address 237 Avenue of The Palms
 City Myrtle Beach State SC Zip Code 29579-1247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Waccamaw Center For Mental Health Occupation Psychiatrist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 05 / 2015**
Transaction ID : T135744
 Amount of Each Receipt this Period **1000.00**
 FEC Contribution Federal General Contributions

C. Dr. Ehsan U. Syed
 Full Name (Last, First, Middle Initial)
 Mailing Address 2501 N 3rd St
 City Harrisburg State PA Zip Code 17110-1904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Penn State Hershey Med Ctr Occupation Child Psychiatrist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 05 / 2015**
Transaction ID : T135745
 Amount of Each Receipt this Period **300.00**
 FEC Contribution 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 7 OF 15
	<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. Susan M. Scherer
Full Name (Last, First, Middle Initial)

Mailing Address 1020 Monroe Ave

City River Forest State IL Zip Code 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 ▼ 500.00

Date of Receipt
04 / 30 / 2015
Transaction ID : T135752

Amount of Each Receipt this Period
500.00

FEC Contribution Federal General Contributions

B. Dr. Joan L. Moreau
Full Name (Last, First, Middle Initial)

Mailing Address 115 Farley Circle Ste 202

City Lewisburg State PA Zip Code 17837-8909

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

Name of Employer Self Occupation C & A Psychiatrist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
05 / 06 / 2015
Transaction ID : T135775

Amount of Each Receipt this Period
300.00

FEC Contribution Federal General Contributions

C. Herman Tolbert
Full Name (Last, First, Middle Initial)

Mailing Address 8231 Windsong Ct

City Columbus State OH Zip Code 43235-1491

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

Name of Employer retired Occupation child & adolescent psychiatrist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 06 / 2015
Transaction ID : T135778

Amount of Each Receipt this Period
250.00

FEC Contribution Federal General Contributions

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

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 15
	<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. 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 **1000.00**

Date of Receipt **05 / 07 / 2015**
Transaction ID : T135799
 Amount of Each Receipt this Period **1000.00**
 FEC Contribution Federal General Contributions

B. 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 Lifespan Occupation CAP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 13 / 2015**
Transaction ID : T135805
 Amount of Each Receipt this Period **1000.00**
 FEC Contribution 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 Lifespan Occupation psychiatrist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 18 / 2015**
Transaction ID : T135813
 Amount of Each Receipt this Period **1000.00**
 FEC Contribution 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: (check only one)	PAGE 9 OF 15
	<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	<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. Anthony H. Jackson		Date of Receipt MM / DD / YYYY 05 / 21 / 2015 Transaction ID : T135822
Mailing Address 207 Union St		Amount of Each Receipt this Period 250.00 FEC Contribution Federal General Contributions
City Natick	State MA	Zip Code 01760-6060
FEC ID number of contributing federal political committee. C		
Name of Employer University of Massachusetts	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Regina Bussing		Date of Receipt MM / DD / YYYY 06 / 17 / 2015 Transaction ID : T135832
Mailing Address PO Box 100234		Amount of Each Receipt this Period 1000.00 FEC Contribution Federal General Contributions
City Gainesville	State FL	Zip Code 32610-0234
FEC ID number of contributing federal political committee. C		
Name of Employer University of Florida	Occupation Professor & Interim Chair of Psychiatr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Kayla Pope		Date of Receipt MM / DD / YYYY 06 / 29 / 2015 Transaction ID : T135838
Mailing Address 5309 Nicholas St		Amount of Each Receipt this Period 250.00 FEC Contribution Federal General Contributions
City Omaha	State NE	Zip Code 68132-2100
FEC ID number of contributing federal political committee. C		
Name of Employer Boys Town/Creighton	Occupation CAP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	7100.00

**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

Candidate Name

Category/
Type

Office Sought: House Senate President
State: CO District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : A595308

Amount of Each Disbursement this Period

27.04

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

Candidate Name

Category/
Type

Office Sought: House Senate President
State: DC District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 22 / 2015

Transaction ID : A595303

Amount of Each Disbursement this Period

25.74

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

Candidate Name

Category/
Type

Office Sought: House Senate President
State: CO District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 10 / 2015

Transaction ID : A595304

Amount of Each Disbursement this Period

49.61

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

102.39

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
02 / 20 / 2015

Transaction ID : A595311

Amount of Each Disbursement this Period

23.97

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
03 / 10 / 2015

Transaction ID : A595306

Amount of Each Disbursement this Period

93.05

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
03 / 19 / 2015

Transaction ID : A595312

Amount of Each Disbursement this Period

22.58

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

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

139.60

**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 : A595307

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 : A595313

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 : A595309

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
State: DC District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : A595314

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
State: CO District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : A595310

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
State: DC District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : A595315

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. Andy Harris for Congress

Mailing Address PO Box 604

City: Bel Air State: MD Zip Code: 21014-0604

Purpose of Disbursement: Contribution

011

Candidate Name: **Andy Harris**

Category/Type

Office Sought: House Senate President
State: MD District: 01

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

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2015

Transaction ID : **A594963**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. 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

Candidate Name: **Frank Pallone**

Category/Type

Office Sought: House Senate President
State: NJ District: 06

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

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2015

Transaction ID : **A594967**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Murphy for Congress

Mailing Address PO Box 24551

City: Pittsburgh State: PA Zip Code: 15234-4551

Purpose of Disbursement: Tim Murphy for Congress

011

Candidate Name: **Tim Murphy**

Category/Type

Office Sought: House Senate President
State: PA District: 18

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

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2015

Transaction ID : **A594970**

Amount of Each Disbursement this Period

2000.00

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

4000.00

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. Friends for Jim McDermott

Mailing Address PO Box 21786

City State Zip Code
Seattle WA 98111-3786

Purpose of Disbursement
Jim McDermott for Congress

011

Candidate Name

Jim McDermott

Category/
Type

Office Sought: House
 Senate
 President

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

State: WA District: 07

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 23 / 2015

Transaction ID : A594976

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 / 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 / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

1000.00

5000.00