

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

Check if different than previously reported. (ACC)

Washington DC 20016-3007

2. **FEC IDENTIFICATION NUMBER ▼** C00567883 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

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

(d) 30-Day **POST-Election** Report for the:

General (30G) Runoff (30R) Special (30S)

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

5. Covering Period M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2018 through M M M / D D D / Y Y Y Y Y Y 09 / 30 / 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 M / D D D / Y Y Y Y Y Y 10 / 05 / 2018

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Association of Child & Adolescent Psychiatry PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		97632.77
(b) Cash on Hand at Beginning of Reporting Period.....	81913.01	
(c) Total Receipts (from Line 19)	10298.00	18658.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	92211.01	116290.77
7. Total Disbursements (from Line 31).....	10469.39	34549.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	81741.62	81741.62
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

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).....	6098.00	12348.00
(ii) Unitemized	4200.00	6310.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	10298.00	18658.00
(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)	10298.00	18658.00
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)).....▶	10298.00	18658.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	10298.00	18658.00

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	469.39	1049.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	469.39	1049.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	33500.00
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)) ..	10469.39	34549.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10469.39	34549.15

DETAILED SUMMARY PAGE
of Disbursements

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)	10298.00	18658.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10298.00	18658.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	469.39	1049.15
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	469.39	1049.15

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<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. Bernstein, Basil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 387 Desert Lakes Dr
 City Palm Springs State CA Zip Code 92264-5513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) CAP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 10 / 2018
Transaction ID : T166674
 Amount of Each Receipt this Period 30.00
 Memo Item
 Federal General Contributions

B. Martini, D. Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PRIMARY CHILDREN S HOSPITAL
 100 N Mario Capecchi Dr
 City Salt Lake City State UT Zip Code 84113-1103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Utah Occupation (for Individual) child & adolescent psychiatrist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 02 / 2018
Transaction ID : T167095
 Amount of Each Receipt this Period 500.00
 Memo Item
 Federal General Contributions

C. Ritvo, Rachel, Z., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4020 Everett St
 City Kensington State MD Zip Code 20895-3820
 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 ▼ 250.00

Date of Receipt 08 / 06 / 2018
Transaction ID : T167392
 Amount of Each Receipt this Period 250.00
 Memo Item
 Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....	780.00
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 16
	<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. Green, Norma, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 Henry St Apt 7A1
 City Brooklyn State NY Zip Code 11201-2503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self & HHC-NYC Occupation (for Individual) Psychiatrist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 06 / 2018
Transaction ID : T167391
 Amount of Each Receipt this Period 300.00
 Memo Item
 Federal General Contributions

B. Swift, William, J., , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 North Roby Road
 City Madison State WI Zip Code 53726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sauk Co. Human Services Occupation (for Individual) Child & Adolescent Psychiatrist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 07 / 2018
Transaction ID : T167732
 Amount of Each Receipt this Period 300.00
 Memo Item
 Federal General Contributions

C. Kagan, Fay, Read, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 655 Haverford Ave
 City Pacific Palisades State CA Zip Code 90272-4311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hathaway - Sycamores Occupation (for Individual) child psychiatrist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 10 / 2018
Transaction ID : T168033
 Amount of Each Receipt this Period 250.00
 Memo Item
 Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Edwardson, Phillip, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3741 Abbott Ave S
 City Minneapolis State MN Zip Code 55410-1034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) CAP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 10 / 2018
Transaction ID : T168035
 Amount of Each Receipt this Period 240.00
 Memo Item
 Federal General Contributions

B. Bernstein, Basil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 387 Desert Lakes Dr
 City Palm Springs State CA Zip Code 92264-5513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) CAP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 13 / 2018
Transaction ID : T168025
 Amount of Each Receipt this Period 30.00
 Memo Item
 Federal General Contributions

C. Kramer, Douglas, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5621 Sedgemoadow Rd
 City Middleton State WI Zip Code 53562-1256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wisconsin Department of Corrections Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 14 / 2018
Transaction ID : T168020
 Amount of Each Receipt this Period 500.00
 Memo Item
 Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....	770.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 31330 Via La Naranga

City Carmel Valley	State CA	Zip Code 93924-9614
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Monterey Psychiatric Center	Occupation (for Individual) cap
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
318.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2018

Transaction ID : T168023

Amount of Each Receipt this Period
318.00

Memo Item
Federal General Contributions

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

Mailing Address 180 Fort Couch Rd Ste 304

City Pittsburgh	State PA	Zip Code 15241-1041
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) InterCare Psychiatric Services	Occupation (for Individual) 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
08		14		2018

Transaction ID : T168021

Amount of Each Receipt this Period
500.00

Memo Item
Federal General Contributions

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

Mailing Address 2516 Samaritan Dr Ste G

City San Jose	State CA	Zip Code 95124-4108
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self	Occupation (for Individual) child psychiatrist
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2018

Transaction ID : T168360

Amount of Each Receipt this Period
100.00

Memo Item
Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....	918.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Wu, Roger, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 Sacramento St Fl 2
 City San Francisco State CA Zip Code 94108-2535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) City & County of San Francisco Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 22 / 2018
Transaction ID : T168354
 Amount of Each Receipt this Period 2000.00
 Memo Item
 Federal General Contributions

B. Fritsch, Sandra, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 665 N Marion St
 City Denver State CO Zip Code 80218-3431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Colorado SOM Occupation (for Individual) CAP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 22 / 2018
Transaction ID : T168335
 Amount of Each Receipt this Period 250.00
 Memo Item
 Federal General Contributions

C. Bernstein, Basil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 387 Desert Lakes Dr
 City Palm Springs State CA Zip Code 92264-5513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) CAP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 10 / 2018
Transaction ID : T169528
 Amount of Each Receipt this Period 30.00
 Memo Item
 Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....	2280.00
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 16
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Swope, Marian, A., ,

Mailing Address 3470 Blazer Pkwy

City Lexington	State KY	Zip Code 40509-1200
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of Kentucky	Occupation (for Individual) psychiatrist, child & adolescent psych
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		25		2018

Transaction ID : T170258

Amount of Each Receipt this Period
500.00

Memo Item
Federal General Contributions

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

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).....▶	6098.00

**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

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 : A11528420
Amount of Each Disbursement this Period

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

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 : A11528419
Amount of Each Disbursement this Period

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

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 : A11528421
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 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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		20		2018

Mailing Address 3236 Wisconsin Ave NW

FEC Identification Number

C []

Transaction ID : A11528424
Amount of Each Disbursement this Period

[] 21.31

Memo Item

City Washington State DC Zip Code 20016-3806

Purpose of Disbursement Account Analysis Fees
Candidate Name
Category/Type 001

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

Full Name (Last, First, Middle Initial)

B. Transfirst Holdings

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		10		2018

Mailing Address 12202 Airport Way Ste 100

FEC Identification Number

C []

Transaction ID : A11528460
Amount of Each Disbursement this Period

[] 268.44

Memo Item

City Broomfield State CO Zip Code 80021-2596

Purpose of Disbursement Credit Card Fees
Candidate Name
Category/Type 001

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

Full Name (Last, First, Middle Initial)

C. SunTrust Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		21		2018

Mailing Address 3236 Wisconsin Ave NW

FEC Identification Number

C []

Transaction ID : A11528461
Amount of Each Disbursement this Period

[] 33.16

Memo Item

City Washington State DC Zip Code 20016-3806

Purpose of Disbursement Account Analysis Fee
Candidate Name
Category/Type 001

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

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

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

[] 322.91

[] 469.39

**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. TENNPAC

Mailing Address 4515 Harding Pike Ste 110

City
Nashville

State
TN

Zip Code
37205-2193

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TN District:

2018 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	12	/	2018

FEC Identification Number

C [REDACTED]

Transaction ID : A11528405

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tina Smith for Minnesota

Mailing Address PO Box 14362

City
Saint Paul

State
MN

Zip Code
55114-0362

Purpose of Disbursement
Tina Smith for Congress

011

Category/
Type

Candidate Name

Smith, Tina, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: MN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	12	/	2018

FEC Identification Number

C [REDACTED]

Transaction ID : A11528398

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Cole for Congress

Mailing Address PO Box 722256

City
Norman

State
OK

Zip Code
73070

Purpose of Disbursement
Cole for Congress

011

Category/
Type

Candidate Name

Cole, Tom, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OK District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	11	/	2018

FEC Identification Number

C [REDACTED]

Transaction ID : A11511936

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

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

[REDACTED] 3000.00

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

[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

Full Name (Last, First, Middle Initial) A. Veronica Escobar for Congress		Date of Disbursement MM / DD / YYYY 09 / 11 / 2018	
Mailing Address PO Box 3961		FEC Identification Number C [] Transaction ID : A11528396 Amount of Each Disbursement this Period [] 1000.00	
City El Paso	State TX	Zip Code 79923-3961	Category/ Type 011
Purpose of Disbursement Veronica Escobar for Congress			
Candidate Name Escobar, Veronica, , ,		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District: 16		
<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) B. Barragan for Congress		Date of Disbursement MM / DD / YYYY 09 / 14 / 2018	
Mailing Address 1840 S Gaffey St # 421		FEC Identification Number C [] Transaction ID : A11528397 Amount of Each Disbursement this Period [] 1000.00	
City San Pedro	State CA	Zip Code 90731-5324	Category/ Type 011
Purpose of Disbursement Barragan for Congress			
Candidate Name Barragan, Nanette, , ,		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 44		
<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) C. Friends of Rosa DeLauro		Date of Disbursement MM / DD / YYYY 09 / 23 / 2018	
Mailing Address 129 Church St Ste 818		FEC Identification Number C [] Transaction ID : A11528399 Amount of Each Disbursement this Period [] 2000.00	
City New Haven	State CT	Zip Code 06510-2005	Category/ Type 011
Purpose of Disbursement Rosa DeLauro for Congress			
Candidate Name DeLauro, Rosa, , ,		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CT District: 03		
<input type="checkbox"/> Memo Item			

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

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

[] 4000.00
[]

**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 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. Friends of Chris Murphy

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 127

City Cheshire State CT Zip Code 06410-0127

Purpose of Disbursement
Chris Murphy for Congress

Candidate Name
Murphy, Chris, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: CT District:

Date of Disbursement: 09 / 26 / 2018

FEC Identification Number: C
Transaction ID : A11528392
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Welch for Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1682

City Burlington State VT Zip Code 05402-1682

Purpose of Disbursement
Welch for Congress

Candidate Name
Welch, Peter, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: VT District: 00

Date of Disbursement: 09 / 27 / 2018

FEC Identification Number: C
Transaction ID : A11528394
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Xochitl for New Mexico

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 2250

City Las Cruces State NM Zip Code 88004-2250

Purpose of Disbursement
Xochitl for Congress

Candidate Name
Small, Xochitl, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: NM District: 02

Date of Disbursement: 09 / 27 / 2018

FEC Identification Number: C
Transaction ID : A11528393
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).....▶	10000.00