

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

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, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 04 / 01 / 2018 through 06 / 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 07 / 12 / 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"/>		<input type="text" value="97632.77"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="90007.63"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="3675.00"/>	<input type="text" value="8360.00"/>
(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="93682.63"/>	<input type="text" value="105992.77"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11769.62"/>	<input type="text" value="24079.76"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="81913.01"/>	<input type="text" value="81913.01"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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).....	2750.00	6250.00
(ii) Unitemized .....	925.00	2110.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3675.00	8360.00
(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) .....	3675.00	8360.00
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)).....▶	3675.00	8360.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3675.00	8360.00

**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 .....	269.62	579.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	269.62	579.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11500.00	23500.00
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)) ..	11769.62	24079.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11769.62	24079.76

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3675.00	8360.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3675.00	8360.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	269.62	579.76
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	269.62	579.76

**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 13
	<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. Jaselskis, Catherine, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1533 Spruce St  
 City Northbrook State IL Zip Code 60062-5465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) Child & Adolescent Psychiatrist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 10 / 2018  
**Transaction ID : T165894**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 Federal General Contributions

**B. 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) child psychiatrist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 02 / 2018  
**Transaction ID : T166028**  
 Amount of Each Receipt this Period 250.00  
 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) child psychiatrist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 20 / 2018  
**Transaction ID : T166226**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Federal General Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> 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 13
	<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**

**A. Carlson, Gabrielle, A., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Stony Brook University Occupation (for Individual) physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 28 / 2018  
**Transaction ID : T166269**

Amount of Each Receipt this Period 1000.00

Memo Item  
Federal General Contributions

**B. Ng, Yiu Kee Warren, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Columbia University Occupation (for Individual) psychiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 02 / 2018  
**Transaction ID : T166339**

Amount of Each Receipt this Period 500.00

Memo Item  
Federal General Contributions

**C. Leventhal, Bennett, L., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 401 Parnassus Ave Rm LP-152 # 0984

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) Professor

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 27 / 2018  
**Transaction ID : T166555**

Amount of Each Receipt this Period 500.00

Memo Item  
Federal General Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	2750.00

**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	4		1	0		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : A6341538

Amount of Each Disbursement this Period

[REDACTED] 8.95

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	4		1	9		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : A6341641

Amount of Each Disbursement this Period

[REDACTED] 20.47

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	5		1	0		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : A6341539

Amount of Each Disbursement this Period

[REDACTED] 88.33

Memo Item

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

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

[REDACTED] 117.75

[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 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 : A6341642**  
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 : A6341640**  
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 : A6341743**  
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**

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

**Tonko, Paul, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NY District: 20

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	1	8

FEC Identification Number

C [REDACTED]

**Transaction ID : A6343056**

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. 4-MA PAC**

Mailing Address 185 Devonshire St Ste 601

City  
Boston

State  
MA

Zip Code  
02110-1414

Purpose of Disbursement  
2018 Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MA District: 2018 Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	1	8

FEC Identification Number

C [REDACTED]

**Transaction ID : A6342965**

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Nancy Pelosi for Congress**

Mailing Address 235 Montgomery St Ste 610

City  
San Francisco

State  
CA

Zip Code  
94104-2915

Purpose of Disbursement  
Nancy Pelosi for Congress

011

Category/  
Type

Candidate Name

**Pelosi, Nancy, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	1	8

FEC Identification Number

C [REDACTED]

**Transaction ID : A6345164**

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] 3000.00

[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**

Full Name (Last, First, Middle Initial)

**A. Nancy Pelosi for Congress**

Mailing Address 235 Montgomery St Ste 610

City San Francisco State CA Zip Code 94104-2915

Purpose of Disbursement  
Void of 4/18/18 Check (Misspelled)

Category/  
Type

Candidate Name  
**Pelosi, Nancy , , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: CA District: 12

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : A6345265**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Nancy Pelosi for Congress**

Mailing Address 235 Montgomery St Ste 610

City San Francisco State CA Zip Code 94104-2915

Purpose of Disbursement  
Nancy Pelosi for Congress

Category/  
Type

Candidate Name  
**Pelosi, Nancy , , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: CA District: 12

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : A6344257**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Napolitano for Congress**

Mailing Address 555 Capitol Mall Ste 1425

City Sacramento State CA Zip Code 95814-4602

Purpose of Disbursement  
Napolitano for Congress

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: CA District: 06

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : A6342746**  
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**

Full Name (Last, First, Middle Initial) <b>A. CHC BOLD PAC</b>		Date of Disbursement MM / DD / YYYY 05 / 08 / 2018	
Mailing Address 220 I St SE Suite 280		FEC Identification Number C [REDACTED] <b>Transaction ID : A6342747</b> Amount of Each Disbursement this Period [REDACTED] 2500.00	
City Washington	State DC	Zip Code 20002	Category/ Type 011
Purpose of Disbursement 2018 Contribution		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
State: DC District:		2018 Contribution	
<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>B. Billy Long for Congress</b>		Date of Disbursement MM / DD / YYYY 05 / 22 / 2018	
Mailing Address 3246 E Ridgeview St		FEC Identification Number C [REDACTED] <b>Transaction ID : A6342954</b> Amount of Each Disbursement this Period [REDACTED] 2000.00	
City Springfield	State MO	Zip Code 65804-4076	Category/ Type 011
Purpose of Disbursement Billy Long for Congress		Candidate Name Long, Billy, , ,	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: MO District: 07			
<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>C. Nancy Pelosi for Congress</b>		Date of Disbursement MM / DD / YYYY 05 / 22 / 2018	
Mailing Address 235 Montgomery St Ste 610		FEC Identification Number C [REDACTED] <b>Transaction ID : A6344962</b> Amount of Each Disbursement this Period [REDACTED] - 1000.00	
City San Francisco	State CA	Zip Code 94104-2915	Category/ Type 011
Purpose of Disbursement Void of 5/22/18 Check (Duplicate)		Candidate Name Pelosi, Nancy, , ,	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CA District: 12			
<input type="checkbox"/> Memo Item			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 3500.00
<b>TOTAL</b> 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**

**A. Nancy Pelosi for Congress**

Full Name (Last, First, Middle Initial)  
Nancy Pelosi for Congress

Date of Disbursement: 05 / 22 / 2018

Mailing Address: 235 Montgomery St Ste 610

City: San Francisco State: CA Zip Code: 94104-2915

Purpose of Disbursement: Nancy Pelosi for Congress

Candidate Name: Pelosi, Nancy , , ,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: CA District: 12

FEC Identification Number: C [ ]  
Transaction ID : A6344963  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Katko for Congress**

Full Name (Last, First, Middle Initial)  
John Katko for Congress

Date of Disbursement: 06 / 05 / 2018

Mailing Address: PO Box 133

City: Camillus State: NY Zip Code: 13031-0133

Purpose of Disbursement: John Katko for Congress

Candidate Name: Katko, John, , ,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: NY District: 24

FEC Identification Number: C [ ]  
Transaction ID : A6342345  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**C. Stabenow for US Senate**

Full Name (Last, First, Middle Initial)  
Debbie Stabenow for Senate

Date of Disbursement: 06 / 05 / 2018

Mailing Address: PO Box 4945

City: East Lansing State: MI Zip Code: 48826-4945

Purpose of Disbursement: Debbie Stabenow for Senate

Candidate Name: Stabenow, Debbie , , ,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: MI District:

FEC Identification Number: C [ ]  
Transaction ID : A6342144  
Amount of Each Disbursement this Period: 1000.00

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	11500.00