

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.

American Association of Child & Adolescent Psychiatry PAC

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ 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 / / 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 / / through / /

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 / /

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="2017"/>		69063.24
(b) Cash on Hand at Beginning of Reporting Period.....	65998.49	
(c) Total Receipts (from Line 19)	43420.00	65891.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	109418.49	134954.24
7. Total Disbursements (from Line 31).....	11785.72	37321.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	97632.77	97632.77
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).....	31655.00	44270.00
(ii) Unitemized	11765.00	21621.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	43420.00	65891.00
(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)	43420.00	65891.00
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)).....▶	43420.00	65891.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	43420.00	65891.00

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	2185.72	3121.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2185.72	3121.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	34000.00
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	100.00	200.00
(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)).....	100.00	200.00
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)) ..	11785.72	37321.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11785.72	37321.47

DETAILED SUMMARY PAGE
of Disbursements

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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)	43420.00	65891.00
34. Total Contribution Refunds (from Line 28(d))	100.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	43320.00	65691.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2185.72	3121.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2185.72	3121.47

**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 32
<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

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 / 17 / 2017**
Transaction ID : T156166
 Amount of Each Receipt this Period 30.00
 Memo Item
 Federal General Contributions

B. Ying-Chang, Jean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Vista Dr
 City Flanders State NJ Zip Code 07836-4026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) center for family guidance Occupation (for Individual) child psychiatrist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 07 / 2017**
Transaction ID : T157556
 Amount of Each Receipt this Period 500.00
 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 ▼ 240.00

Date of Receipt **08 / 14 / 2017**
Transaction ID : T157559
 Amount of Each Receipt this Period 30.00
 Memo Item
 Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....	560.00
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 32
	<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. Martin, Catherine, A., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dpt Psychiatry
245 Fountain Court Suite 225

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) Child and Adolescent Psychiatry Facult
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2017

Transaction ID : T158167

Amount of Each Receipt this Period
250.00

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

Name of Employer (for Individual) retired	Occupation (for Individual) CAP
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
MM / DD / YYYY
09 / 12 / 2017

Transaction ID : T159293

Amount of Each Receipt this Period
30.00

Memo Item
Federal General Contributions

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

Mailing Address 2305 Davis Cir

City Hatfield	State PA	Zip Code 19440-3560
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The State of DE , DSCYF	Occupation (for Individual) Child Psychiatrist
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2017

Transaction ID : T158892

Amount of Each Receipt this Period
250.00

Memo Item
Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....	530.00
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 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of Utah	Occupation (for Individual) child & adolescent psychiatrist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 09 / 14 / 2017
Transaction ID : T158851

Amount of Each Receipt this Period
 250.00

Memo Item
 Federal General Contributions

B. 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
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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
 09 / 14 / 2017
Transaction ID : T158826

Amount of Each Receipt this Period
 2000.00

Memo Item
 Federal General Contributions

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

Mailing Address 505 N Lake Shore Dr Apt 6805

City Chicago	State IL	Zip Code 60611-6459
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Community Care Network	Occupation (for Individual) Psychiatrist
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 09 / 15 / 2017
Transaction ID : T159162

Amount of Each Receipt this Period
 250.00

Memo Item
 Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 32
	<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. 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 ▼ 750.00

Date of Receipt 09 / 15 / 2017
Transaction ID : T158979
 Amount of Each Receipt this Period 250.00
 Memo Item
 Federal General Contributions

B. Houston, J. Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5506 Connecticut Ave NW Ste 23
 City Washington State DC Zip Code 20015-2600
 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 ▼ 500.00

Date of Receipt 09 / 15 / 2017
Transaction ID : T158921
 Amount of Each Receipt this Period 500.00
 Memo Item
 Federal General Contributions

C. Unis, Alan, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6020 N Indian Bluff Rd
 City Spokane State WA Zip Code 99224-5082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pullman Regional Hospital Occupation (for Individual) Psychiatrist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 23 / 2017
Transaction ID : T159429
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 32
	<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. Swope, Marian, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3470 Blazer Pkwy
 City Lexington State KY Zip Code 40509-1200
 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 09 / 24 / 2017
Transaction ID : T159440
 Amount of Each Receipt this Period 500.00
 Memo Item
 Federal General Contributions

B. Fornari, Victor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 N Circle Dr
 City Great Neck State NY Zip Code 11021-1708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwell Health Occupation (for Individual) psychiatrist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 04 / 2017
Transaction ID : T159897
 Amount of Each Receipt this Period 100.00
 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 ▼ 300.00

Date of Receipt 10 / 13 / 2017
Transaction ID : T160076
 Amount of Each Receipt this Period 30.00
 Memo Item
 Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....	630.00
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 11 OF 32
<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. Koss, Debra, E., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 46 Main St Ste 201

City Sparta	State NJ	Zip Code 07871-1910
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2017

Transaction ID : T160089

Amount of Each Receipt this Period
1000.00

Memo Item
Federal General Contributions

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

Mailing Address 2634 N Dayton St

City Chicago	State IL	Zip Code 60614-2306
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) MD
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2017

Transaction ID : T160129

Amount of Each Receipt this Period
1000.00

Memo Item
Federal General Contributions

C. Robertson, John, B., , Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10241 Kingston Pike Ste 2

City Knoxville	State TN	Zip Code 37922-3240
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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 ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2017

Transaction ID : T161229

Amount of Each Receipt this Period
1200.00

Memo Item
Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....	3200.00
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 12 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Fordi, Heidi, Buttner, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3615 Wisconsin Ave NW Ste 2

City Washington	State DC	Zip Code 20016-3056
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AACAP	Occupation (for Individual) Executive Director
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2017

Transaction ID : T160131

Amount of Each Receipt this Period
1000.00

Memo Item
Federal General Contributions

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

Mailing Address 343 E 74th St PH 3C

City New York	State NY	Zip Code 10021-3777
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) MD
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2017

Transaction ID : T160225

Amount of Each Receipt this Period
1000.00

Memo Item
Federal General Contributions

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

Mailing Address 210 E 36th St Apt 11A

City New York	State NY	Zip Code 10016-3605
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NYU School of Medicine	Occupation (for Individual) physician
---	--

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
10		23		2017

Transaction ID : T160230

Amount of Each Receipt this Period
250.00

Memo Item
Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 13 OF 32
<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. Gurak, Randall, B., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Mall Dr Ste 920

City Cherry Hill	State NJ	Zip Code 08002-2101
---------------------	-------------	------------------------

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2017

Transaction ID : T160229

Amount of Each Receipt this Period
250.00

Memo Item
Federal General Contributions

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

Mailing Address 550 S Vermont Ave
Los Angeles County Dmh

City Los Angeles	State CA	Zip Code 90020-1912
---------------------	-------------	------------------------

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

Name of Employer (for Individual) LA County Dept. of Mental Health	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2017

Transaction ID : T160233

Amount of Each Receipt this Period
1000.00

Memo Item
Federal General Contributions

C. 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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2017

Transaction ID : T160778

Amount of Each Receipt this Period
1000.00

Memo Item
Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
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 14 OF 32
(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. Johnson, Margery, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 E Chicago Ave # 10
 City Chicago State IL Zip Code 60611-2991
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ann & Robert H. Lurie Children's Hosp Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 25 / 2017
Transaction ID : T160536
 Amount of Each Receipt this Period 200.00
 Memo Item
 Federal General Contributions

B. Palyo, Scott, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 99 John St Apt 2201
 City New York State NY Zip Code 10038-2934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NY Psychiatry Therapy P.C. Occupation (for Individual) Child & Adolescent Psychiatrist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 25 / 2017
Transaction ID : T160530
 Amount of Each Receipt this Period 1500.00
 Memo Item
 Federal General Contributions

C. Sood, Aradhana, Bela, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 515 N 10th St PO Box 980489
 City Richmond State VA Zip Code 23298-5040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VCUHS Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 25 / 2017
Transaction ID : T160489
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....▶ 2700.00
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 15 OF 32
	<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. Wang, Kai-ping, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 E. Ridgewood Ave
 Suite 280N
 City Paramus State NJ Zip Code 07652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Valley Medical Group Occupation (for Individual) Medical Director, Pediatric Psychiatry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 25 / 2017
Transaction ID : T160522
 Amount of Each Receipt this Period 200.00
 Memo Item
 Federal General Contributions

B. Kelley, Kathleen, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1747 W Roosevelt Rd
 Mc 747
 City Chicago State IL Zip Code 60608-1264
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) uic Occupation (for Individual) Child & Adolescent Psychiatrist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 27 / 2017
Transaction ID : T160840
 Amount of Each Receipt this Period 200.00
 Memo Item
 Federal General Contributions

C. Kelly, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12913 Mission Ave Unit 109
 City Hawthorne State CA Zip Code 90250-5863
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LA County OHS Occupation (for Individual) Psychiatrist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 27 / 2017
Transaction ID : T160888
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....	1400.00
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 16 OF 32
<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. Kim, Young-Shin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Langley Porter Psychiatric Institutu
 401 Parnassus Ave, Box 0984
 City San Francisco State CA Zip Code 94143-0984
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UCSF Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 27 / 2017
Transaction ID : T160871
 Amount of Each Receipt this Period 300.00
 Memo Item
 Federal General Contributions

B. Holloway, Robert, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 566 S San Vicente Blvd Ste 201
 City Los Angeles State CA Zip Code 90048-4650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHLA/USC Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 27 / 2017
Transaction ID : T160879
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Federal General Contributions

C. Fritz, Gregory, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Sunset Ct
 City Warren State RI Zip Code 02885-1749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lifespan Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 27 / 2017
Transaction ID : T160886
 Amount of Each Receipt this Period 500.00
 Memo Item
 Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....	1800.00
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 17 OF 32
<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. Gogineni, Rama, Rao, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Belmont Ave Ste 315
 City Bala Cynwyd State PA Zip Code 19004-1604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cooper University Hospital Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 27 / 2017
Transaction ID : T160849
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Federal General Contributions

B. O'Keefe, Dorothy, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 515 N 10th St # 980489
 City Richmond State VA Zip Code 23298-5040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) child & adol. psychiatrist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 27 / 2017
Transaction ID : T160891
 Amount of Each Receipt this Period 300.00
 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 ▼ 400.00

Date of Receipt 10 / 27 / 2017
Transaction ID : T160873
 Amount of Each Receipt this Period 300.00
 Memo Item
 Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....	1600.00
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 18 OF 32
<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jackson, Anthony, H., ,

Mailing Address 207 Union St

City Natick	State MA	Zip Code 01760-6100
----------------	-------------	------------------------

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

Name of Employer (for Individual) University of Massachusetts	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2017

Transaction ID : T160883

Amount of Each Receipt this Period
250.00

Memo Item
Federal General Contributions

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

Mailing Address 600 S Commonwealth Ave 2nd Floor

City Los Angeles	State CA	Zip Code 90005
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) city & county of SF	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2017

Transaction ID : T160884

Amount of Each Receipt this Period
250.00

Memo Item
Federal General Contributions

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

Mailing Address 9501 W Watertown Plank Rd

City Wauwatosa	State WI	Zip Code 53226-3552
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) columbia st. mary's	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2017

Transaction ID : T160869

Amount of Each Receipt this Period
1000.00

Memo Item
Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 19 OF 32
<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. Sholevar, Ellen, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 Righters Mill Rd
 City Narberth State PA Zip Code 19072-1315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Children's hospital of philadelphia Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 28 / 2017
Transaction ID : T160948
 Amount of Each Receipt this Period 500.00
 Memo Item
 Federal General Contributions

B. Palyo, Scott, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 99 John St Apt 2201
 City New York State NY Zip Code 10038-2934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NY Psychiatry Therapy P.C. Occupation (for Individual) Child & Adolescent Psychiatrist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 29 / 2017
Transaction ID : T160953
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Federal General Contributions

C. Scherer, Susan, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7777 Lake St Ste 114
 City River Forest State IL Zip Code 60305-1734
 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 ▼ 600.00

Date of Receipt 10 / 30 / 2017
Transaction ID : T160968
 Amount of Each Receipt this Period 100.00
 Memo Item
 Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
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 20 OF 32
<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. Reich, Manuel, D., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6640 Forest Glen Rd

City Pittsburgh	State PA	Zip Code 15217-1824
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Beacon Health Options	Occupation (for Individual) medical director
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2017

Transaction ID : T161198

Amount of Each Receipt this Period
250.00

Memo Item
Federal General Contributions

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

Mailing Address 301 University Blvd

City Galveston	State TX	Zip Code 77555-5302
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2017

Transaction ID : T161183

Amount of Each Receipt this Period
1000.00

Memo Item
Federal General Contributions

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

Mailing Address University of Colorado Depression
3199 E. Montview Blvd., Suite 330

City Aurora	State CO	Zip Code 80045
----------------	-------------	-------------------

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

Name of Employer (for Individual) University of Colorado	Occupation (for Individual) Child & Adolescent Psychiatrist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2017

Transaction ID : T161186

Amount of Each Receipt this Period
1000.00

Memo Item
Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 21 OF 32
(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

A. Crowell, Judith, A., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 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) CAP
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2017

Transaction ID : T161204

Amount of Each Receipt this Period
250.00

Memo Item
Federal General Contributions

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

Mailing Address 710 Castleman Dr

City Westfield	State NJ	Zip Code 07090-2010
-------------------	-------------	------------------------

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

Name of Employer (for Individual) newark beth israel medical center	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2017

Transaction ID : T161189

Amount of Each Receipt this Period
250.00

Memo Item
Federal General Contributions

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

Mailing Address 17 N Circle Dr

City Great Neck	State NY	Zip Code 11021-1708
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Northwell Health	Occupation (for Individual) psychiatrist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2017

Transaction ID : T161190

Amount of Each Receipt this Period
100.00

Memo Item
Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....	600.00
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 22 OF 32
<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. Benton, Tami, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 218 N Madison Ave
 City Cherry Hill State NJ Zip Code 08002-1068
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) CHOP Occupation (for Individual) CAP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 07 / 2017
Transaction ID : T161182
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Federal General Contributions

B. Borer, Mark, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 846 Walker Rd Ste 32-2
 City Dover State DE Zip Code 19904-2756
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Psychiatric Access Force DE, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 07 / 2017
Transaction ID : T161187
 Amount of Each Receipt this Period 350.00
 Memo Item
 Federal General Contributions

C. Caraballo, Angel, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 West 86th St. Suite A-4
 City New York State NY Zip Code 10024
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Columbia University Occupation (for Individual) child psychiatrist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 07 / 2017
Transaction ID : T161202
 Amount of Each Receipt this Period 250.00
 Memo Item
 Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....	1600.00
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 23 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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. Martin, Andres, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 230 S Frontage Rd

City New Haven	State CT	Zip Code 06519-1124
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Yale Child Study Center	Occupation (for Individual) Child & Adolescent Psychiatrist
--	--

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
11	/	07	/	2017

Transaction ID : T161188

Amount of Each Receipt this Period
250.00

Memo Item
Federal General Contributions

B. O'Keefe, Dorothy, A., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 515 N 10th St # 980489

City Richmond	State VA	Zip Code 23298-5040
------------------	-------------	------------------------

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

Name of Employer (for Individual) self	Occupation (for Individual) child & adol. psychiatrist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2017

Transaction ID : T161509

Amount of Each Receipt this Period
300.00

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 ▼
335.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2017

Transaction ID : T161987

Amount of Each Receipt this Period
35.00

Memo Item
Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....	585.00
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 24 OF 32
	<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. Durette, Lisa, Ann, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Healthy Minds
 P.O. Box 82038

City Las Vegas State NV Zip Code 89180-2038

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 ▼
 1000.00

Date of Receipt
 11 / 28 / 2017

Transaction ID : T162038

Amount of Each Receipt this Period
 1000.00

Memo Item
 Federal General Contributions

B. 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 ▼
 3000.00

Date of Receipt
 11 / 30 / 2017

Transaction ID : T162092

Amount of Each Receipt this Period
 1000.00

Memo Item
 Federal General Contributions

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

Mailing Address 17 Lakeshore Dr

City Chatham State MA Zip Code 02633-1708

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 ▼
 250.00

Date of Receipt
 12 / 02 / 2017

Transaction ID : T162163

Amount of Each Receipt this Period
 250.00

Memo Item
 Federal General Contributions

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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 25 OF 32
(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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Williams, Eric, Rashad, ,

Mailing Address 15 Medical Park
Suite 301

City Columbia State SC Zip Code 29203

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

Name of Employer (for Individual) University of South Carolina Occupation (for Individual) psychiatrist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2017

Transaction ID : T162827

Amount of Each Receipt this Period
100.00

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
M M M / D D D / Y Y Y Y Y Y

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
M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	31655.00

**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 M / D D D / Y Y Y Y Y Y
07 / 10 / 2017

FEC Identification Number

C
Transaction ID : A688423
Amount of Each Disbursement this Period
 113.25

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 Fee

001
Category/
Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 21 / 2017

FEC Identification Number

C
Transaction ID : A688422
Amount of Each Disbursement this Period
 32.75

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 M / D D D / Y Y Y Y Y Y
08 / 10 / 2017

FEC Identification Number

C
Transaction ID : A689561
Amount of Each Disbursement this Period
 101.10

Memo Item

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

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

247.10

**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 Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: DC District:

Date of Disbursement

MM / DD / YYYY
08 / 18 / 2017

FEC Identification Number

C

Transaction ID : A689560

Amount of Each Disbursement this Period

27.39

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

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: CO District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2017

FEC Identification Number

C

Transaction ID : A694170

Amount of Each Disbursement this Period

52.58

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 Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: DC District:

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2017

FEC Identification Number

C

Transaction ID : A694169

Amount of Each Disbursement this Period

29.29

Memo Item

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

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

109.26

**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
State: CO District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : A984942

Amount of Each Disbursement this Period

[REDACTED] 373.02

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 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
10 / 20 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : A984943

Amount of Each Disbursement this Period

[REDACTED] 27.34

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
State: CO District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : A998333

Amount of Each Disbursement this Period

[REDACTED] 984.80

Memo Item

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

[REDACTED] 1385.16

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 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 Fee

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
1	1		2	0		2	0	1	7

FEC Identification Number

C

Transaction ID : A998291

Amount of Each Disbursement this Period

28.18

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

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
1	2		1	1		2	0	1	7

FEC Identification Number

C

Transaction ID : A1169300

Amount of Each Disbursement this Period

384.76

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 Fee

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
1	2		2	0		2	0	1	7

FEC Identification Number

C

Transaction ID : A1169251

Amount of Each Disbursement this Period

31.26

Memo Item

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

444.20

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

2185.72

**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. SHORE PAC

Mailing Address PO Box 3157

City
Long Branch

State
NJ

Zip Code
07740-3157

Purpose of Disbursement
2017 Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

State: NJ District:

2017 Contribution

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : A685174
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Stabenow for US Senate

Mailing Address PO Box 4945

City
East Lansing

State
MI

Zip Code
48826-4945

Purpose of Disbursement
Debbie Stabenow for Senate

Category/
Type

Candidate Name

Stabenow, Debbie , , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MI District:

PRIMARY 2018

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : A689573
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Bob Casey for U.S. Senate

Mailing Address PO Box 58746

City
Philadelphia

State
PA

Zip Code
19102-8746

Purpose of Disbursement
Bob Casey for U.S. Senate

Category/
Type

Candidate Name

Casey, Bob , , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: PA District:

PRIMARY 2018

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : A689563
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. People for Ben

Mailing Address PO Box 31129

City
Santa Fe

State
NM

Zip Code
87594-1129

Purpose of Disbursement
Ben Ray Lujan for Congress

011

Category/
Type

Candidate Name

Lujan, Ben , Ray, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼
PRIMARY 2018

State: NM District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 25 / 2017

FEC Identification Number

C []

Transaction ID : A693601

Amount of Each Disbursement this Period

[] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Val Demings for Congress

Mailing Address PO Box 536926

City
Orlando

State
FL

Zip Code
32853-6926

Purpose of Disbursement
Val Demings for Congress

011

Category/
Type

Candidate Name

Demings, Val, , ,

Office Sought: House
 Senate
 President

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

State: FL District: 10

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 09 / 2017

FEC Identification Number

C []

Transaction ID : A709730

Amount of Each Disbursement this Period

[] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. All For Our Country Leadership PAC

Mailing Address 328 Massachusetts Ave NE

City
Washington

State
DC

Zip Code
20002-5702

Purpose of Disbursement
2017 Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼
2017 Contribution

State: DC District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 12 / 2017

FEC Identification Number

C []

Transaction ID : A709745

Amount of Each Disbursement this Period

[] 2000.00

Memo Item

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

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

[] 4000.00

[] 9500.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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. Beltangady, Shamal, S., ,

Full Name (Last, First, Middle Initial)

Mailing Address 2 Swanswood Ln

City Old Lyme State CT Zip Code 06371-1866

Purpose of Disbursement Refund

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 27 / 2017

FEC Identification Number: C

Transaction ID : A685195

Amount of Each Disbursement this Period: 100.00

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).....▶	100.00
TOTAL This Period (last page this line number only).....▶	100.00