

**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"/> 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. 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
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Northwell Health	Occupation (for Individual) psychiatrist
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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
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
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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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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).....	