

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.

Type or Print Name of Treasurer

Signature of Treasurer [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2016"/>	<input type="text" value="50939.70"/>	<input type="text" value="50939.70"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="50939.70"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3967.00"/>	<input type="text" value="3967.00"/>
(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="54906.70"/>	<input type="text" value="54906.70"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9288.15"/>	<input type="text" value="9288.15"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="45618.55"/>	<input type="text" value="45618.55"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

FEC Form 3X (Rev. 06/2004)

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).....	2000.00	2000.00
(ii) Unitemized	1967.00	1967.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3967.00	3967.00
(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)	3967.00	3967.00
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))..... ▶	3967.00	3967.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3967.00	3967.00

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	288.15	288.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	288.15	288.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	9000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	9288.15	9288.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9288.15	9288.15

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	3967.00	3967.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3967.00	3967.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	288.15	288.15
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	288.15	288.15

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 11
<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

Full Name (Last, First, Middle Initial) A. David G. Fassler		Date of Receipt MM / DD / YYYY 01 / 11 / 2016 Transaction ID : T143563
Mailing Address 86 Lake St Ste 2		Amount of Each Receipt this Period 1000.00
City Burlington	State VT	Zip Code 05401-5297
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Federal General Contributions
Name of Employer self	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Kaye L. McGinty		Date of Receipt MM / DD / YYYY 01 / 11 / 2016 Transaction ID : T143564
Mailing Address 108 Williams St		Amount of Each Receipt this Period 250.00
City Greenville	State NC	Zip Code 27858-8678
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Federal General Contributions
Name of Employer East Carolina University	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) c. Marian A. Swope		Date of Receipt MM / DD / YYYY 01 / 28 / 2016 Transaction ID : T144089
Mailing Address 3470 Blazer Pkwy		Amount of Each Receipt this Period 250.00
City Lexington	State KY	Zip Code 40509-1200
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Federal General Contributions
Name of Employer University of Kentucky	Occupation psychiatrist, child & adolescent psych	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 11
(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

Full Name (Last, First, Middle Initial)
A. Lysette Ramos

Mailing Address 1326 Old Mill Road

City Reading State PA Zip Code 19610

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

Name of Employer self Occupation psychiatrist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2016
Transaction ID : T144519

Amount of Each Receipt this Period
500.00

Memo Item
Federal General Contributions

Full Name (Last, First, Middle Initial)
B.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	2000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Transfirst Holdings

Mailing Address 12202 Airport Way Ste 100

City Broomfield State CO Zip Code 80021-2596

Purpose of Disbursement
Credit Card Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: CO District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : A634710

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SunTrust Bank

Mailing Address 3236 Wisconsin Ave NW

City Washington State DC Zip Code 20016-3806

Purpose of Disbursement
Account Analysis Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: DC District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : A633015

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Transfirst Holdings

Mailing Address 12202 Airport Way Ste 100

City Broomfield State CO Zip Code 80021-2596

Purpose of Disbursement
Credit Card Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: CO District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : A634711

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Child & Adolescent Psychiatry PAC

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address 3236 Wisconsin Ave NW

City Washington State DC Zip Code 20016-3806

Purpose of Disbursement
Account Analysis Fee

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: DC District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : A633014

Amount of Each Disbursement this Period

26.33

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
State: CO District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2016

Transaction ID : A634712

Amount of Each Disbursement this Period

87.43

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
State: DC District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2016

Transaction ID : A633013

Amount of Each Disbursement this Period

24.47

Memo Item

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

138.23

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

288.15

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Child & Adolescent Psychiatry PAC

Full Name (Last, First, Middle Initial)

A. Tuesday Group PAC

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1107

Purpose of Disbursement
2016 Contribution for group

Candidate Name

Office Sought: House Senate President
State: DC District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 26 / 2016

Transaction ID : A632968

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Murphy for Congress

Mailing Address PO Box 24551

City Pittsburgh State PA Zip Code 15234-4551

Purpose of Disbursement
Tim Murphy for Congress

Candidate Name

Tim Murphy

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2016

Transaction ID : A633012

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. New Democrat Coalition PAC

Mailing Address 233 Pennsylvania Ave SE Fl 2

City Washington State DC Zip Code 20003-1121

Purpose of Disbursement
2016 Contribution for group

Candidate Name

Office Sought: House Senate President
State: DC District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 11 / 2016

Transaction ID : A633008

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

7000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Brad Ashford for Congress

Mailing Address PO Box 24023

City Omaha State NE Zip Code 68124-0023

Purpose of Disbursement
Brad Ashford for Congress

011

Candidate Name

Brad Ashford

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 16 / 2016

Transaction ID : A632887

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Pallone for Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740-3176

Purpose of Disbursement
Frank Pallone for Congress

011

Candidate Name

Frank Pallone

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 17 / 2016

Transaction ID : A632967

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

2000.00

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

9000.00