

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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="47834.48"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="19687.50"/> | <input type="text" value="41699.50"/> |
| (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="67521.98"/> | <input type="text" value="92639.20"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="733.76"/> | <input type="text" value="25850.98"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="66788.22"/> | <input type="text" value="66788.22"/> |
| 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. 05/2016)

Page 3

Write or Type Committee Name

American Association of Child & Adolescent Psychiatry PAC

Report Covering the Period: From: M M / D D / Y Y Y Y
10 / 01 / 2016 To: M M / D D / Y Y Y Y
11 / 28 / 2016

| 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)..... | 14550.00 | 26650.00 |
| (ii) Unitemized | 5137.50 | 15049.50 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 19687.50 | 41699.50 |
| (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) | 19687.50 | 41699.50 |
| 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)).....▶ | 19687.50 | 41699.50 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 19687.50 | 41699.50 |

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 | 733.76 | 1850.98 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 733.76 | 1850.98 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 24000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 0.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 733.76 | 25850.98 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 733.76 | 25850.98 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) | 19687.50 | 41699.50 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 19687.50 | 41699.50 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 733.76 | 1850.98 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 733.76 | 1850.98 |

**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 15 |
| | <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 | |

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. DeAntonio, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 760 Westwood Plz
 City Los Angeles State CA Zip Code 90024-5055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UC Regents Occupation (for Individual) physician - professor
 Receipt For: 2016
 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 / 06 / 2016
Transaction ID : T150076
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 Federal General Contributions

B. Linskey, Michael, , ,
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AACAP Occupation (for Individual) Deputy Director of Congressional and F
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2016
Transaction ID : T150062
 Amount of Each Receipt this Period
 150.00
 Memo Item
 Federal General Contributions

C. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AACAP Occupation (for Individual) Executive Director
 Receipt For: 2016
 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 / 10 / 2016
Transaction ID : T150112
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 Federal General Contributions

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2150.00 |
| 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 15 |
| | <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. 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 |
|-----------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer (for Individual) Self | Occupation (for Individual) MD |
|---|-----------------------------------|

Receipt For: 2016
 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 | | 13 | | 2016 |

Transaction ID : T150201

Amount of Each Receipt this Period
1000.00

Memo Item
Federal General Contributions

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

Mailing Address 3300 Stockton Blvd
Ucd Caare Center

| | | |
|--------------------|-------------|------------------------|
| City Sacramento | State CA | Zip Code 95820-1451 |
|--------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Private practice | Occupation (for Individual) Child and adolescent psychiatrist |
|---|--|

Receipt For: 2016
 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 | | 19 | | 2016 |

Transaction ID : T150271

Amount of Each Receipt this Period
150.00

Memo Item
Federal General Contributions

C. 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: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 19 | | 2016 |

Transaction ID : T150270

Amount of Each Receipt this Period
1000.00

Memo Item
Federal General Contributions

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2150.00 |
| 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 15 |
| | <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: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 22 / 2016
Transaction ID : T150362
 Amount of Each Receipt this Period 100.00
 Memo Item
 Federal General Contributions

B. Ng, Yiu Kee Warren, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 418 Central Park W Apt 98
 City New York State NY Zip Code 10025-4838
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Columbia University Occupation (for Individual) psychiatrist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 25 / 2016
Transaction ID : T151003
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Federal General Contributions

C. 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: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 25 / 2016
Transaction ID : T151018
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Federal General Contributions

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2100.00 |
| 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 9 OF 15 |
| | (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. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) child-adolescent psychiatrist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2016
Transaction ID : T151710
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 Federal General Contributions

B. Jackson, Anthony, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2016
Transaction ID : T151035
 Amount of Each Receipt this Period
 250.00
 Memo Item
 Federal General Contributions

C. Jaselskis, Catherine, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1533 Spruce St
 City Northbrook State IL Zip Code 60062-5465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) Child & Adolescent Psychiatrist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2016
Transaction ID : T151069
 Amount of Each Receipt this Period
 500.00
 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 15 |
| <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. Fritz, Gregory, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Hoppin St
 Coro West Ste 204
 City Providence State RI Zip Code 02903-4141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lifespan Occupation (for Individual) Physician
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2016
Transaction ID : T151070
 Amount of Each Receipt this Period
 1000.00
 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: 2016
 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
 10 / 26 / 2016
Transaction ID : T151028
 Amount of Each Receipt this Period
 500.00
 Memo Item
 Federal General Contributions

C. Axelson, Alan, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 180 Fort Couch Rd Ste 304
 City Pittsburgh State PA Zip Code 15241-1041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) InterCare Psychiatric Services Occupation (for Individual) physician
 Receipt For: 2016
 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 / 26 / 2016
Transaction ID : T151033
 Amount of Each Receipt this Period
 500.00
 Memo Item
 Federal General Contributions

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2000.00 |
| 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 15 |
| <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. 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: 2016
 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 / 26 / 2016
Transaction ID : T151066
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) MD
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2016
Transaction ID : T151023
 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 1020 Monroe Ave
 City River Forest State IL Zip Code 60305-1426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Private Practice Occupation (for Individual) Psychiatrist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2016
Transaction ID : T151192
 Amount of Each Receipt this Period
 500.00
 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 12 OF 15 |
| <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. Syed, Ehsan, U., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2234 Pullman Way

| | | |
|--------------------|-------------|-------------------|
| City Hummestown | State PA | Zip Code 17036 |
|--------------------|-------------|-------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Penn State Hershey Med Ctr | Occupation (for Individual) Child Psychiatrist |
|---|---|

Receipt For: 2016
 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 | / | 28 | / | 2016 |

Transaction ID : T151391

Amount of Each Receipt this Period
150.00

Memo Item
Federal General Contributions

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

Mailing Address 108 Williams St

| | | |
|--------------------|-------------|------------------------|
| City Greenville | State NC | Zip Code 27858-8678 |
|--------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) East Carolina University | Occupation (for Individual) Physician |
|---|--|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 03 | / | 2016 |

Transaction ID : T151705

Amount of Each Receipt this Period
500.00

Memo Item
Federal General Contributions

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

Mailing Address 13055 E. 17th Place, F800, Nightho
Native Health Building, Room 354

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

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

| | |
|--|------------------------------------|
| Name of Employer (for Individual) UC-Denver | Occupation (for Individual) CAP |
|--|------------------------------------|

Receipt For: 2016
 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 | / | 04 | / | 2016 |

Transaction ID : T151677

Amount of Each Receipt this Period
250.00

Memo Item
Federal General Contributions

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 900.00 |
| 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 13 OF 15
(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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hendren, Robert, L., ,

Mailing Address 401 Parnassus Ave

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) child & adolescent psychiatrist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2016

Transaction ID : T151691

Amount of Each Receipt this Period
 1000.00

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 / 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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| TOTAL This Period (last page this line number only)..... | 14550.00 |

**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
not disbursement to PAC Credit Card Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 11 | | 2016 |

FEC Identification Number

C

Transaction ID : A665111

Amount of Each Disbursement this Period

26.53

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
not disbursement to PAC, but Acct Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: DC District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 21 | | 2016 |

FEC Identification Number

C

Transaction ID : A665110

Amount of Each Disbursement this Period

24.42

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
not disbursement to PAC Credit Card Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 10 | | 2016 |

FEC Identification Number

C

Transaction ID : A665114

Amount of Each Disbursement this Period

655.20

Memo Item

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

706.15

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address 3236 Wisconsin Ave NW

City Washington State DC Zip Code 20016-3806

Purpose of Disbursement
not disbursement to PAC, but Acct Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: DC District:

Date of Disbursement
M M / D D / Y Y Y Y Y Y
11 / 27 / 2016

FEC Identification Number

Transaction ID : A665113
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

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

FEC Identification Number

Amount of Each Disbursement this Period

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

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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