

**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"/> 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. 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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2150.00
<b>TOTAL</b> This Period (last page this line number only).....	