FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
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Office Use Only
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1. NAME OF COMMITTEE (in full) — TYPE OR PRINT ▼ — Example: If typing, type over the lines. 12FE4M5

American Association of Child & Adolescent Psychiatry Political Action Committee (AACAP-PAC)

ADDRESS (number and street) 3615 Wisconsin Avenue, NW

☐ Check if different than previously reported. (ACC)

CITY ▲ Washington STATE ▲ DC ZIP CODE ▲ 20016-

2. FEC IDENTIFICATION NUMBER ▼ C00567883

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)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)
Election on (MM/DD/YYYY) ____ in the State of ____

(d) 30-Day **POST**-Election Report for the: ☒ General (30G) ☐ Runoff (30R) ☐ Special (30S)
Election on 11/04/2014 in the State of ____

5. Covering Period 10/01/2014 through 11/24/2014

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 Larry Burner

Signature of Treasurer Larry P Burner Date 12/22/2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

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FEC FORM 3X
Rev. 12/2004

FE7AN014

14031674

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 02/2003)

Write or Type Committee Name

American Association of Child & Adolescent Psychiatry Political Action Committee (AACAP-PAC)

Report Covering the Period: From: 10 / 01 / 2014 To: 11 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		0.00
(b) Cash on Hand at Beginning of Reporting Period	0.00	
(c) Total Receipts (from Line 19)	20,305.00	20,305.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	20,305.00	20,305.00
7. Total Disbursements (from Line 31)	23.01	23.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	20,281.99	20,281.99
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

FEC **Form 3X** (Rev. 06/2004)

Write or Type Committee Name

American Association of Child & Adolescent Psychiatry Political Action Committee (AACAP-PAC)

Report Covering the Period: From: 10 / 01 / 2014 To: 11 / 24 / 2014

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)	20,305.00	20,305.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	20,305.00	20,305.00
(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) ▶	20,305.00	20,305.00
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)) ▶	20,305.00	20,305.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	20,305.00	20,305.00

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	23.01	23.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	23.01	23.01
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
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	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))	23.01	23.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	23.01	23.01

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DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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)	20305.00	20305.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20305.00	20305.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	2301	2301
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	2301	2301

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 1 OF 20

☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 Political Action Commitee (AACAP-PAC)

A.
Full Name (Last, First, Middle Initial)
Aba Nduom, Nana
Mailing Address
2516 Yale Ave East Unit A
City: Seattle State: WA Zip Code: 98102
FEC ID number of contributing federal political committee: C
Name of Employer: Univ. of Washington
Occupation: Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 20.00
Date of Receipt: 11 / 04 / 2014
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial)
Arnold, Judith
Mailing Address
3334 N. Main St
City: Racine State: WI Zip Code: 53402
FEC ID number of contributing federal political committee: C
Name of Employer: Aurora Medical Group
Occupation: Psychiatrist
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 200.00
Date of Receipt: 10 / 25 / 2014
Amount of Each Receipt this Period: 200.00

C.
Full Name (Last, First, Middle Initial)
Axelson, Allan
Mailing Address
2370 Morrow Road
City: Pittsburgh State: PA Zip Code: 15241
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 100.00
Date of Receipt: 11 / 19 / 2014
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 320.00

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

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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 2 OF 20

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Association of child & Adolescent Psychiatry Political Action Commitee (AACAP-PAC)

A.
Full Name (Last, First, Middle Initial): Berland, David, M.D.
Mailing Address: 7700 Clayton Road suite 103
City: St. Louis | State: MO | Zip Code: 63117
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed | Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 100.00
Date of Receipt: 11/1/2014
Amount of Each Receipt this Period: 100.00
Memo: Partnership Designation

B.
Full Name (Last, First, Middle Initial): Berland David
Mailing Address: 7700 Clayton Road suite 103
City: St. Louis | State: MO | Zip Code: 63117
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed | Occupation: Child + Adolescent Psychiatrist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1,000.00
Date of Receipt: 11/1/2014
Amount of Each Receipt this Period: 100.00
Memo: Partnership Designation

C.
Full Name (Last, First, Middle Initial): Billingsley, Mary
Mailing Address: 14140 Grand Pre Road
City: Silver Spring | State: MD | Zip Code: 20906
FEC ID number of contributing federal political committee: C
Name of Employer: AACAP | Occupation: Managing Editor
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 100.00
Date of Receipt: 11/04/2014
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 200.00

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 3 OF 20

☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Association of child & Adolescent Psychiatry Political Action Commitee (AACAP-PAC)

A.
Full Name (Last, First, Middle Initial)
Caraballo, Angel
Mailing Address
700 Fort Washington Ave #2B
City | State | Zip Code
New York | New York | 10040
FEC ID number of contributing federal political committee.
C
Name of Employer
Columbia Univ.
Occupation
Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼
200.00
Date of Receipt
11 / 04 / 2014
Amount of Each Receipt this Period
200.00

B.
Full Name (Last, First, Middle Initial)
Carlson, Gabrielle
Mailing Address
8 Schooner Cove
City | State | Zip Code
East Setauket | NY | 11733
FEC ID number of contributing federal political committee.
C
Name of Employer
Stony Brook University
Occupation
Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼
500.00
Date of Receipt
10 / 27 / 2014
Amount of Each Receipt this Period
500.00

C.
Full Name (Last, First, Middle Initial)
DeAntonio, Mark
Mailing Address
134 S. Van Ness Ave
City | State | Zip Code
Los Angles | CA | 90004
FEC ID number of contributing federal political committee.
C
Name of Employer
Univ. of CA Regents
Occupation
Physician/Professor
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼
200.00
Date of Receipt
11 / 04 / 2014
Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ▶ 900.00

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

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 4 OF 20
(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 Political Action Commitee (AACAP-PAC)

A.
Full Name (Last, First, Middle Initial)
Drell, Martin
Mailing Address
7614 Hampson Street
City | State | Zip Code
New Orleans | LA | 70118
FEC ID number of contributing federal political committee. C
Name of Employer
Louisiana state Univ.
Occupation
Psychiatrist
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 1,000.00
Date of Receipt: 10 / 22 / 2014
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial)
Dusser, Robert II
Mailing Address
26502 74th Ave Apt F7
City | State | Zip Code
Gle Oaks | NY | 11004
FEC ID number of contributing federal political committee. C
Name of Employer
Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 20.00
Date of Receipt: 11 / 04 / 2014
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial)
Durrette, Lisa
Mailing Address
9204 White Tail Drive
City | State | Zip Code
Las Vegas | NV | 89134
FEC ID number of contributing federal political committee. C
Name of Employer
Healthy Minds
Occupation
Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 1,000.00
Date of Receipt: 11 / 04 / 2014
Amount of Each Receipt this Period: 1,000.00

SUBTOTAL of Receipts This Page (optional) ▶ 1,120.00

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 5 OF 20

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NAME OF COMMITTEE (In Full)
American Association of Child & Adolescent Psychiatry Political Action Committee (AACAP-PAC)

A. Full Name (Last, First, Middle Initial)
Fassler, David
Mailing Address
96 Lake St.
City: Burlington State: VT Zip Code: 05401
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1,000.00
Date of Receipt: 10 / 21 / 2014
Amount of Each Receipt this Period: 1,000.00

B. Full Name (Last, First, Middle Initial)
Fordi, Heidi
Mailing Address
3339 Stuyvesant Place, NW
City: Washington State: D.C. Zip Code: 20015
FEC ID number of contributing federal political committee: C
Name of Employer: AACAP
Occupation: Executive Director
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1,000.00
Date of Receipt: 11 / 04 / 2014
Amount of Each Receipt this Period: 1,000.00

C. Full Name (Last, First, Middle Initial)
Fouras, George
Mailing Address
304 Los Palmas Drive
City: San Francisco State: CA Zip Code: 94127
FEC ID number of contributing federal political committee: C
Name of Employer: City of San Francisco
Occupation: Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1,000.00
Date of Receipt: 11 / 04 / 2014
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 2,200.00

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 6 OF 20
(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 Political Action Commitee (AACAP-PAC)

A.
Full Name (Last, First, Middle Initial)
Fritz, Gregory
Mailing Address
5 sunset CT
City: Warren | State: RI | Zip Code: 02885
FEC ID number of contributing federal political committee: C
Name of Employer: Rhode Island Hospital
Occupation: Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 50.00
Date of Receipt: 10 / 21 / 2014
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial)
Gomes, Vivienne
Mailing Address
214 Bates St
City: New Bedford | State: MA | Zip Code: 02745
FEC ID number of contributing federal political committee: C
Name of Employer: Brown University
Occupation: Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 200.00
Date of Receipt: 10 / 23 / 2014
Amount of Each Receipt this Period: 200.00

C.
Full Name (Last, First, Middle Initial)
Gurak, Randall
Mailing Address
One Mall Drive Suite 920
City: Cherry Hill | State: NJ | Zip Code: 08002
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 50.00
Date of Receipt: 11 / 04 / 2014
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶	570.00
TOTAL This Period (last page this line number only) ▶	

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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 20

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Association of Child & Adolescent Psychiatry Political Action Commitee (AACAP-PAC)

A.
Full Name (Last, First, Middle Initial): Hendren, Bob
Mailing Address: 488 Montecito Drive
City: Corte Madera State: CA Zip Code: 94925
FEC ID number of contributing federal political committee: C
Name of Employer: Univ. of C.A. San Francisco
Occupation: Psychiatrist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1,000.00
Date of Receipt: 10 / 24 / 2014
Amount of Each Receipt this Period: 1,000.00

B.
Full Name (Last, First, Middle Initial): Horner, Michelle
Mailing Address: 4766 Wallingford St.
City: Pittsburgh State: PA Zip Code: 15213
FEC ID number of contributing federal political committee: C
Name of Employer: Univ. of Pittsburgh
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 100.00
Date of Receipt: 11 / 04 / 2014
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial): Houston, Michael
Mailing Address: 5506 Connecticut Ave, NW
City: Washington State: D.C. Zip Code: 20015
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: 11 / 04 / 2014
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1,600.00

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

14031361985

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 20

☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Association of child & Adolescent Psychiatry Political Action Commitee (AACAP-PAC)

A. Full Name (Last, First, Middle Initial)
Ingala, Rose
Mailing Address
1417 Mackenzie St
City: San Angelo State: TX Zip Code: 76901
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1,000.00
Date of Receipt: 10 / 30 / 2014
Amount of Each Receipt this Period: 1,000.00

B. Full Name (Last, First, Middle Initial)
Soshi, Paramjit
Mailing Address
18 Stony Meadow ct
City: Lutherville, State: MD Zip Code: 21093
FEC ID number of contributing federal political committee: C
Name of Employer: Children's National Medical Center
Occupation: Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 14,000.00
Date of Receipt: 10 / 16 / 2014
Amount of Each Receipt this Period: 1,000.00

C. Full Name (Last, First, Middle Initial)
Kagan, Fay
Mailing Address
12450 Van Nuys Blvd. #100
City: Pacoima State: CA Zip Code: 91331
FEC ID number of contributing federal political committee: C
Name of Employer: Hathaway-Sycamores
Occupation: Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 100.00
Date of Receipt: 11 / 04 / 2014
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶	1,200.00
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 20

☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Association of child & Adolescent Psychiatry Political Action Commitee (AACAP-PAC)

A. Full Name (Last, First, Middle Initial)
Kahan, Zachary
Mailing Address
1936 Biltmore St. NW
City: Washington State: D.C. Zip Code: 20009
FEC ID number of contributing federal political committee: C
Name of Employer: AACAP
Occupation: Legislative Coordinator
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 10,000
Date of Receipt: 11 / 04 / 2014
Amount of Each Receipt this Period: 10,000

B. Full Name (Last, First, Middle Initial)
Koss, Debra
Mailing Address
6 Stacey ct
City: Sparta State: NJ Zip Code: 07871
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 10,000
Date of Receipt: 11 / 04 / 2014
Amount of Each Receipt this Period: 10,000

C. Full Name (Last, First, Middle Initial)
Kraus, Louis
Mailing Address
456 Woodland Road
City: Highland Park State: IL Zip Code: 60035
FEC ID number of contributing federal political committee: C
Name of Employer: Rush Univ.
Occupation: Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1,000
Date of Receipt: 11 / 04 / 2014
Amount of Each Receipt this Period: 1,000

SUBTOTAL of Receipts This Page (optional) ▶	21000.00
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 20

☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Association of Child & Adolescent Psychiatry Political Action Commitee (AACAP-PAC)

A.
Full Name (Last, First, Middle Initial): Lee, Soo
Mailing Address: 1380 Blair Lane
City: Hoffman Estates | State: IL | Zip Code: 60169
FEC ID number of contributing federal political committee: C
Name of Employer: Rush Medical Center | Occupation: Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 100.00
Date of Receipt: 11/04/2014
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial): Linskey Michael
Mailing Address: 3000 Spout Run Parkway Apt C-303
City: Arlington | State: VA | Zip Code: 22201
FEC ID number of contributing federal political committee: C
Name of Employer: AACAP | Occupation: Assistant Director of Federal Govt. Affairs
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 125.00
Date of Receipt: 11/13/2014
Amount of Each Receipt this Period: 125.00

C.
Full Name (Last, First, Middle Initial):
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:
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶ 225.00

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 21

☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 Political Action Commitee (AACAP-PAC)

A. Full Name (Last, First, Middle Initial)
Lozano, Michelle

Mailing Address
14322 Mediatrice Lane

City: San Diego | State: CA | Zip Code: 92129

FEC ID number of contributing federal political committee: C

Name of Employer: San Diego County | Occupation: Psychiatrist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 1,000

Date of Receipt: 10 / 23 / 2014

Amount of Each Receipt this Period: 1,000

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

Mailing Address
3603 Coopers ct Apt 7

City: Kalamazoo | State: MI | Zip Code: 49004

FEC ID number of contributing federal political committee: C

Name of Employer: Western Michigan Univ. | Occupation: Psychiatry Resident

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 500

Date of Receipt: 10 / 28 / 2014

Amount of Each Receipt this Period: 500

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

Mailing Address
190 McKinley Ave

City: New Haven CT | State: | Zip Code: 06515

FEC ID number of contributing federal political committee: C

Name of Employer: Yale child study Center | Occupation: Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 20,000

Date of Receipt: 11 / 10 / 2014

Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ▶	215.00
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 20

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Association of Child & Adolescent Psychiatry Political Action Commitee (AACAP-PAC)

A.
Full Name (Last, First, Middle Initial): Myers H.A.P III
Mailing Address: 1635 E. Holly St
City: Boise State: ID Zip Code: 83712
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 25.00

Date of Receipt: 11 / 11 / 2014
Amount of Each Receipt this Period: 25.00
Memo: Partnership designation

B.
Full Name (Last, First, Middle Initial): Myers, H.A.P III
Mailing Address: 1635 E Holly St
City: Boise State: ID Zip Code: 83712
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 25.00

Date of Receipt: 11 / 11 / 2014
Amount of Each Receipt this Period: 25.00
Memo Partnership designation

C.
Full Name (Last, First, Middle Initial): Ng, Yiu Kee
Mailing Address: 418 Central Park W#98
City: New York State: NY Zip Code: 10025
FEC ID number of contributing federal political committee: C
Name of Employer: Columbia University
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1,500.00

Date of Receipt: 11 / 04 / 2014
Amount of Each Receipt this Period: 1,500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1,525.00

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

1403 - 136 - 1990

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 20

☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 Political Action Commitee (AACAP-PAC)

A.
Full Name (Last, First, Middle Initial): O'keefe, Dorothy
Mailing Address: 10116 Chestnut Grove Terrace
City: Mechanicsville State: VA Zip Code: 23116
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 100.00
Date of Receipt: 11 / 04 / 2014
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial): Palyo, Scott
Mailing Address: 99 John St #2201
City: New York State: New York Zip Code: 10038
FEC ID number of contributing federal political committee: C
Name of Employer: N.Y. Psychiatric Therapy
Occupation: Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1,000.00
Date of Receipt: 11 / 04 / 2014
Amount of Each Receipt this Period: 1,000.00

C.
Full Name (Last, First, Middle Initial): Pierce, Karen
Mailing Address: 2634 N. Dayton
City: Chicago State: IL Zip Code: 60614
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Physican
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1,000.00
Date of Receipt: 11 / 04 / 2014
Amount of Each Receipt this Period: 1,000.00

SUBTOTAL of Receipts This Page (optional) ▶	2,200.00
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 14 OF 20

☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Association of Child & Adolescent Psychiatry Political Action Committee (AACAP-PAC)

A. Full Name (Last, First, Middle Initial)
Pruitt, David

Mailing Address
4418 Norwood Road

City: Baltimore | State: MD | Zip Code: 21218

FEC ID number of contributing federal political committee: C

Name of Employer: Univ. of Maryland Baltimore | Occupation: Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 200.00

Date of Receipt: 11 / 10 / 2014

Amount of Each Receipt this Period: 200.00

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

Mailing Address
440 N. Wabash Ave Apt 2905

City: Chicago | State: IL | Zip Code: 60611

FEC ID number of contributing federal political committee: C

Name of Employer: Rush University | Occupation: Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 1,000.00

Date of Receipt: 11 / 04 / 2014

Amount of Each Receipt this Period: 1,000.00

C. Full Name (Last, First, Middle Initial)
Rao Gogineni, Rama

Mailing Address
410 Baird Road

City: Merion Station | State: PA | Zip Code: 19066

FEC ID number of contributing federal political committee: C

Name of Employer: Cooper Univ. Hospital | Occupation: Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 1,000.00

Date of Receipt: 11 / 04 / 2014

Amount of Each Receipt this Period: 1,000.00

SUBTOTAL of Receipts This Page (optional) ▶ 1,300.00

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 15 OF 20
(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 Political Action Commitee (AACAP-PAC)

A.
Full Name (Last, First, Middle Initial)
Rubinstein, Boris
Mailing Address
623 Warburton Avenue
City: Hastings on the Hudson State: NY Zip Code: 10706
FEC ID number of contributing federal political committee. C
Name of Employer: Self Employed
Occupation: Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1,000.00
Date of Receipt: 11 / 04 / 2014
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial)
Sandoval, Gisela
Mailing Address
401 Quarry Road
City: Stanford State: CA Zip Code: 94305
FEC ID number of contributing federal political committee. C
Name of Employer: Stanford Univ.
Occupation: Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1,000.00
Date of Receipt: 11 / 04 / 2014
Amount of Each Receipt this Period: 1,000

C.
Full Name (Last, First, Middle Initial)
Saul, Jenna
Mailing Address
307 S. Cherry Ave
City: Marshfield State: WI Zip Code: 54449
FEC ID number of contributing federal political committee. C
Name of Employer: Self Employed
Occupation: Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1,000.00
Date of Receipt: 11 / 04 / 2014
Amount of Each Receipt this Period: 1,000.00

SUBTOTAL of Receipts This Page (optional) ▶ 1,1 10.00

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 20

☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Association of child & Adolescent Psychiatry Political Action Commitee (AACAP-PAC)

A. Full Name (Last, First, Middle Initial)
Saxena, Kirti
Mailing Address
103 Ferndale St.
City: Bellaire State: TX Zip Code: 77401
FEC ID number of contributing federal political committee: C
Name of Employer: Baylor College of Medicine
Occupation: Psychiatrist
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 2000
Date of Receipt: 10/22/2014
Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial)
Shapiro, Gabrielle
Mailing Address
343 East 74th St
City: New York State: NY Zip Code: 10021
FEC ID number of contributing federal political committee: C
Name of Employer: Self employed
Occupation: Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1,000.00
Date of Receipt: 11/04/2014
Amount of Each Receipt this Period: 1,000.00

C. Full Name (Last, First, Middle Initial)
Shuy, Bryan
Mailing Address
3415 Collard St
City: Alexandria State: VA Zip Code: 22306
FEC ID number of contributing federal political committee: C
Name of Employer: AACAP
Occupation: Asst. Director of Grassroots Advocacy
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 100.00
Date of Receipt: 11/04/2014
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 1,120.00

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

14991151041

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 20

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Association of Child & Adolescent Psychiatry Political Action Commitee (AACAP-PAC)

A. Full Name (Last, First, Middle Initial): Szabat, Ronald
Mailing Address: 8307 Larkmeade Terrace
City: Potomac State: M.D. Zip Code: 20854
FEC ID number of contributing federal political committee: C
Name of Employer: AACAP
Occupation: Director of Govt. Affairs
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1,000.00
Date of Receipt: 11 / 04 / 2014
Amount of Each Receipt this Period: 1,000.00

B. Full Name (Last, First, Middle Initial): Thomas, Christopher
Mailing Address: 2817 Dominique Drive
City: Galveston State: TX Zip Code: 77551
FEC ID number of contributing federal political committee: C
Name of Employer: Univ. of Texas Galveston
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 100.00
Date of Receipt: 11 / 04 / 2014
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial): Tompsett, Margaret
Mailing Address: 17 Lake Shore Drive
City: Chatham, MA State: Zip Code: 02633-1708
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Psychiatrist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 250.00
Date of Receipt: 10 / 24 / 2014
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 1,350.00

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

1403-136-1995

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 20
(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 Political Action Commitee (AACAP-PAC)

A.
Full Name (Last, First, Middle Initial)
Varrell James
Mailing Address
765 Rt. 70 East Building A
City: Marlton State: NJ Zip Code: 08053
FEC ID number of contributing federal political committee: C
Name of Employer: CFG Health System
Occupation: Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1,000.00
Date of Receipt: 11 / 04 / 2014
Amount of Each Receipt this Period: 1,000.00

B.
Full Name (Last, First, Middle Initial)
Williams Silvia
Mailing Address
614 Regester Ave
City: Baltimore State: MD Zip Code: 21212
FEC ID number of contributing federal political committee: C
Name of Employer: Mount Washington Hospital
Occupation: Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 100.00
Date of Receipt: 11 / 04 / 2014
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial)
Williams, Eric
Mailing Address
708 Cottontail ct South
City: Columbia State: SC Zip Code: 29229
FEC ID number of contributing federal political committee: C
Name of Employer: Univ of South Carolina
Occupation: Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 100.00
Date of Receipt: 11 / 04 / 2014
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 1,200.00

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 20

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Association of Child & Adolescent Psychiatry Political Action Commitee (AACAP-PAC)

A.

Full Name (Last, First, Middle Initial): Larry Brown

Mailing Address: One Hoppin St

City: Providence State: RI Zip Code: 02903

FEC ID number of contributing federal political committee: C

Name of Employer:

Occupation:

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 50.00

Date of Receipt: 11 / 04 / 2014

Amount of Each Receipt this Period: 50.00

B.

Full Name (Last, First, Middle Initial):

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

Amount of Each Receipt this Period:

C.

Full Name (Last, First, Middle Initial):

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

Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶ 50.00

TOTAL This Period (last page this line number only) ▶ 20,305.00

1403-136-1997

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)
☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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)

A.
Full Name (Last, First, Middle Initial)
Sun Trust Bank
Mailing Address
3236 Wisconsin Ave NW
City: Washington State: DC Zip Code: 20016
Purpose of Disbursement: Bank Fees
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period: 23.01

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶ 23.01

TOTAL This Period (last page this line number only) ▶ 23.01

AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY

WWW.AACAP.ORG

3615 Wisconsin Avenue, NW
Washington, DC 20016-3007

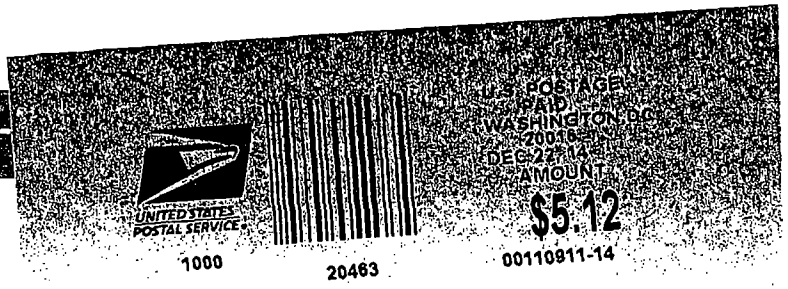
Address Services Requested

7011 3500 0002 4638 2473

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™

7011 3500 0002 4638 2473



Federal Election Commission (FEC)
999 E Street, NW
Washington D.C. 20463

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2014 DEC 29 AM 7:10
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AACAP's 60th ANNUAL MEETING
OCTOBER 22–27, 2013 • ORLANDO, FL
WALT DISNEY WORLD DOLPHIN HOTEL

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	USPS First Class Mail	Postmarked
☑	USPS Registered/Certified	Postmarked (R/C) 12/22/14
☐	USPS Priority Mail	Postmarked
☐	USPS Priority Mail Express	Postmarked
☐	Postmark Illegible	
☐	No Postmark	
☐	Overnight Delivery Service (Specify):	Shipping Date Next Business Day Delivery ☐
☐	Received from House Records & Registration Office	Date of Receipt
☐	Received from Senate Public Records Office	Date of Receipt
☐	Received from Electronic Filing Office	Date of Receipt
☐	Other (Specify):	Date of Receipt or Postmarked

PREPARER

12/29/14
DATE PREPARED

(8/2013)

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