

**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	
	<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 Political Action Committee (AACAP-PAC)**

Full Name (Last, First, Middle Initial) <b>A. Lozano, Michelle</b>		Date of Receipt 10 / 23 / 2014
Mailing Address <b>14322 Mediatrice Lane</b>		Amount of Each Receipt this Period 10.00
City <b>San Diego</b>	State Zip Code <b>CA 92129</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>San Diego County</b>	Occupation <b>Psychiatrist</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10.00	

Full Name (Last, First, Middle Initial) <b>B. Mansour, Miriam</b>		Date of Receipt 10 / 28 / 2014
Mailing Address <b>3603 Coopers ct Apt 7</b>		Amount of Each Receipt this Period 5.00
City <b>Kalamazoo</b>	State Zip Code <b>MI 49004</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Western Michigan Univ.</b>	Occupation <b>Psychiatry Resident</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5.00	

Full Name (Last, First, Middle Initial) <b>C. Martin, Andree</b>		Date of Receipt 11 / 10 / 2014
Mailing Address <b>190 Mckinley Ave</b>		Amount of Each Receipt this Period 200.00
City <b>New Haven CT</b>	State Zip Code <b>06515</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Yale child study Center</b>	Occupation <b>Physician</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional).....▶	215.00
TOTAL This Period (last page this line number only).....▶	