

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)

Washington DC 20016-3007

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)
- 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 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 01 / 01 / 2017 through 06 / 30 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
 Burner, Larry, , ,
 Type or Print Name of Treasurer

Signature of Treasurer Burner, Larry, , , [Electronically Filed] Date 07 / 27 / 2017

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2017"/>		69063.24
(b) Cash on Hand at Beginning of Reporting Period.....	69063.24	
(c) Total Receipts (from Line 19)	22471.00	22471.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	91534.24	91534.24
7. Total Disbursements (from Line 31).....	25535.75	25535.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	65998.49	65998.49
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. 05/2016)

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 01 / 01 / 2017 To: M M / D D / Y Y Y Y 06 / 30 / 2017

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).....	12615.00	12615.00
(ii) Unitemized	9856.00	9856.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	22471.00	22471.00
(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)	22471.00	22471.00
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)).....▶	22471.00	22471.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	22471.00	22471.00

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	935.75	935.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	935.75	935.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24500.00	24500.00
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	100.00	100.00
(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)).....	100.00	100.00
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)) ..	25535.75	25535.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25535.75	25535.75

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)	22471.00	22471.00
34. Total Contribution Refunds (from Line 28(d))	100.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22371.00	22371.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	935.75	935.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	935.75	935.75

**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 25
	<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. Fassler, David, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 86 Lake St Ste 2
 City Burlington State VT Zip Code 05401-5297
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) physician
 Receipt For: 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
 01 / 18 / 2017
Transaction ID : T154800
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 Federal General Contributions

B. Sood, Aradhana, Bela, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 515 N 10th St PO Box 980489
 City Richmond State VA Zip Code 23298-5040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VCUHS Occupation (for Individual) physician
 Receipt For: 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
 03 / 27 / 2017
Transaction ID : T155314
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 Federal General Contributions

C. Holloway, Robert, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 566 S San Vicente Blvd Ste 201
 City Los Angeles State CA Zip Code 90048-4650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHLA/USC Occupation (for Individual) physician
 Receipt For: 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
 03 / 28 / 2017
Transaction ID : T155309
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 25
	<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. Marx, Larry, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address C/o Sutter Center for Psychiatry
7700 Folsom Blvd.

City Sacramento	State CA	Zip Code 95826
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) group health	Occupation (for Individual) physician
---	--

Receipt For:
 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
04		11		2017

Transaction ID : T155489

Amount of Each Receipt this Period
500.00

Memo Item
Federal General Contributions

B. Kagan, Fay, Read, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12450 Van Nuys Blvd Ste 100

City Pacoima	State CA	Zip Code 91331-1392
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Hathaway - Sycamores	Occupation (for Individual) child psychiatrist
---	---

Receipt For:
 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
04		11		2017

Transaction ID : T155490

Amount of Each Receipt this Period
250.00

Memo Item
Federal General Contributions

C. O'Keefe, Dorothy, A., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 515 N 10th St # 980489

City Richmond	State VA	Zip Code 23298-5040
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self	Occupation (for Individual) child & adol. psychiatrist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2017

Transaction ID : T155443

Amount of Each Receipt this Period
300.00

Memo Item
Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....	1050.00
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 25
<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. Fritsch, Sandra, L., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 648 Race St

City Denver	State CO	Zip Code 80206-3730
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of Colorado SOM	Occupation (for Individual) CAP
---	------------------------------------

Receipt For:
 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
05		04		2017

Transaction ID : T155566

Amount of Each Receipt this Period
250.00

Memo Item
Federal General Contributions

B. Martini, D. Richard, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PRIMARY CHILDREN S HOSPITAL
100 N Mario Capecchi Dr

City Salt Lake City	State UT	Zip Code 84113-1103
------------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Utah	Occupation (for Individual) child & adolescent psychiatrist
---	--

Receipt For:
 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
05		04		2017

Transaction ID : T155571

Amount of Each Receipt this Period
500.00

Memo Item
Federal General Contributions

C. Havens, Jennifer, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 E 39th St Apt PHG

City New York	State NY	Zip Code 10016-2140
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NYU Medical Center/Bellevue Hospital	Occupation (for Individual) Director Child Psychiatry
---	--

Receipt For:
 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
05		08		2017

Transaction ID : T155589

Amount of Each Receipt this Period
1000.00

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 9 OF 25
<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. Unis, Alan, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6020 N Indian Bluff Rd
 City Spokane State WA Zip Code 99224-5082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pullman Regional Hospital Occupation (for Individual) Psychiatrist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 12 / 2017
Transaction ID : T155612
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Federal General Contributions

B. 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 13 / 2017
Transaction ID : T155618
 Amount of Each Receipt this Period 500.00
 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) self Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 13 / 2017
Transaction ID : T155615
 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 10 OF 25
<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. Joshi, Paramjit, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Michigan Ave NW
 West 2.5-700
 City Washington State DC Zip Code 20010-2916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Children's National Medical Center Occupation (for Individual) child & adolescent psychiatrist
 Receipt For: 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
 05 / 15 / 2017
Transaction ID : T155634
 Amount of Each Receipt this Period 250.00
 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: 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
 05 / 15 / 2017
Transaction ID : T155628
 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: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2017
Transaction ID : T155632
 Amount of Each Receipt this Period 300.00
 Memo Item
 Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....	1050.00
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 25
<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. Kelly, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12913 Mission Ave
 Unit 109
 City Hawthorne State CA Zip Code 90250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LA County OHS Occupation (for Individual) Psychiatrist
 Receipt For: 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
 05 / 15 / 2017
Transaction ID : T155631
 Amount of Each Receipt this Period
 500.00
 Memo Item
 Federal General Contributions

B. Kraus, Louis, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 910 Skokie Blvd Ste 230
 City Northbrook State IL Zip Code 60062-4040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rush Occupation (for Individual) child psychiatrist
 Receipt For: 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
 05 / 15 / 2017
Transaction ID : T155635
 Amount of Each Receipt this Period
 500.00
 Memo Item
 Federal General Contributions

C. Swift, William, J., , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 North Roby Road
 City Madison State WI Zip Code 53726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sauk Co. Human Services Occupation (for Individual) Child & Adolescent Psychiatrist
 Receipt For: 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
 05 / 31 / 2017
Transaction ID : T155838
 Amount of Each Receipt this Period
 250.00
 Memo Item
 Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....	1250.00
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 25
<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. Carlson, Gabrielle, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address SUNY Stony Brook
 Putnam Hall-South Campus
 City Stony Brook State NY Zip Code 11794-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stony Brook University Occupation (for Individual) physician
 Receipt For: 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
 05 / 31 / 2017
Transaction ID : T155829
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 Federal General Contributions

B. Geier, Peter, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23811 Chagrin Blvd Ste 310
 Chagrin Plaza East
 City Beachwood State OH Zip Code 44122-5525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) CAP
 Receipt For: 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
 05 / 31 / 2017
Transaction ID : T155718
 Amount of Each Receipt this Period
 250.00
 Memo Item
 Federal General Contributions

C. Green, Norma, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 Henry St Apt 7A1
 City Brooklyn State NY Zip Code 11201-2503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self & HHC-NYC Occupation (for Individual) Psychiatrist
 Receipt For: 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
 05 / 31 / 2017
Transaction ID : T155842
 Amount of Each Receipt this Period
 250.00
 Memo Item
 Federal General Contributions

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: (check only one)	PAGE 13 OF 25
<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. Greene, Joseph, B., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 415 Figueroa St

City Monterey	State CA	Zip Code 93940-3048
------------------	-------------	------------------------

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

Name of Employer (for Individual) Monterey Psychiatric Center	Occupation (for Individual) cap
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : T155725

Amount of Each Receipt this Period
265.00

Memo Item
Federal General Contributions

B. Dugan, Timothy, F., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 White Pine Ln

City Lexington	State MA	Zip Code 02421-6338
-------------------	-------------	------------------------

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

Name of Employer (for Individual) self	Occupation (for Individual) CAP
---	------------------------------------

Receipt For:
 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
05		31		2017

Transaction ID : T155828

Amount of Each Receipt this Period
250.00

Memo Item
Federal General Contributions

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

Mailing Address 910 17th St NW Ste 315

City Washington	State DC	Zip Code 20006-2604
--------------------	-------------	------------------------

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

Name of Employer (for Individual) self	Occupation (for Individual) physician
---	--

Receipt For:
 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
05		31		2017

Transaction ID : T155841

Amount of Each Receipt this Period
250.00

Memo Item
Federal General Contributions

SUBTOTAL of Receipts This Page (optional).....	765.00
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 14 OF 25
(check only one)

<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 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
Chenven, Mark, , ,

Mailing Address 8825 Aero Dr Ste 315

City San Diego	State CA	Zip Code 92123-2270
-------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) MD
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	12	/	2017

Transaction ID : T155911

Amount of Each Receipt this Period
250.00

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
-----	---	-----	---	---------

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	12615.00

**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
Credit Card Fees

Category/
Type

Candidate Name

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

State: CO District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : A682701
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
Disbursement For: Primary General Other (specify) ▼

State: DC District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : A682692
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
Disbursement For: Primary General Other (specify) ▼

State: CO District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : A682700
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"/> 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

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: DC District:

Date of Disbursement
MM / DD / YYYY
02 / 21 / 2017

FEC Identification Number

Transaction ID : A682693
Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: CO District:

Date of Disbursement
MM / DD / YYYY
03 / 10 / 2017

FEC Identification Number

Transaction ID : A682699
Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: DC District:

Date of Disbursement
MM / DD / YYYY
03 / 20 / 2017

FEC Identification Number

Transaction ID : A682694
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"/> 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
Disbursement For: Primary General Other (specify) ▼
State: CO District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : A682698
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
Disbursement For: Primary General Other (specify) ▼
State: DC District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : A682695
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
Disbursement For: Primary General Other (specify) ▼
State: CO District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : A682697
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"/> 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

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: DC District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : A682696
Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: CO District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : A684083
Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: DC District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : A684082
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. Friends of Chris Murphy

Mailing Address PO Box 127

City
Cheshire

State
CT

Zip Code
06410-0127

Purpose of Disbursement
Chris Murphy for Senate

011

Category/
Type

Candidate Name

Murphy, Chris, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼
PRIMARY 2018

State: CT

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	5		2	0	1	7		

FEC Identification Number

C

Transaction ID : A671957

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tuesday Group PAC

Mailing Address 209 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1107

Purpose of Disbursement
2017 contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify)
2017 contribution

State: DC

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	5		2	0	1	7		

FEC Identification Number

C

Transaction ID : A671956

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. New Democrat Coalition PAC

Mailing Address 233 Pennsylvania Ave SE FI 2

City
Washington

State
DC

Zip Code
20003-1121

Purpose of Disbursement
2017 contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼
2017 contribution

State: DC

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	5		2	0	1	7		

FEC Identification Number

C

Transaction ID : A671955

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"/> 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. Kaine for Virginia

Mailing Address 1490 - 5A Quarterpath Road
Suite 272

City Williamsburg State VA Zip Code 23185

Purpose of Disbursement
Tim Kaine for Senate

010
 011
 012
Category/
Type

Candidate Name
Kaine, Timothy, M., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼
PRIMARY 2018

State: VA District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : A673680
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Collins for Congress

Mailing Address PO Box 386

City Clarence State NY Zip Code 14031-0386

Purpose of Disbursement
Chris Collins for Congress

010
 011
 012
Category/
Type

Candidate Name
Collins, Chris, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)
PRIMARY 2018

State: NY District: 27

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : A674417
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Walden for Congress

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031-0037

Purpose of Disbursement
Greg Walden for Congress

010
 011
 012
Category/
Type

Candidate Name
Walden, Greg, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼
PRIMARY 2018

State: OR District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : A674435
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. Hatch Election Committee

Mailing Address 175 S West Temple Ste 650

City Salt Lake City State UT Zip Code 84101-1422

Purpose of Disbursement Hatch for Senate

011

Candidate Name Hatch, Orrin, , ,

Category/Type

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) PRIMARY 2018

State: UT District:

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2017

FEC Identification Number

C
Transaction ID : A680860
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. McConnell for Majority Leader

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201-1496

Purpose of Disbursement 2017 Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2017 Primary General Other (specify) 2017 Contribution

State: KY District:

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2017

FEC Identification Number

C
Transaction ID : A677541
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Murphy for Congress

Mailing Address PO Box 24551

City Pittsburgh State PA Zip Code 15234-4551

Purpose of Disbursement Tim Murphy for Congress

011

Candidate Name Murphy, Tim, , ,

Category/Type

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) PRIMARY 2018

State: PA District: 18

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2017

FEC Identification Number

C
Transaction ID : A677537
Amount of Each Disbursement this Period
2000.00

Memo Item

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

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

5500.00

**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"/> 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. Andy Harris for Congress

Mailing Address PO Box 604

City
Bel Air

State
MD

Zip Code
21014-0604

Purpose of Disbursement
Andy Harris for Congress

011

Category/
Type

Candidate Name

Harris, Andy, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

PRIMARY 2018

State: MD District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	3		2	0	1	7		

FEC Identification Number

C

Transaction ID : A677533

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Burgess for Congress

Mailing Address PO Box 2334

City
Denton

State
TX

Zip Code
76202-2334

Purpose of Disbursement
Michael Burgess for Congress

011

Category/
Type

Candidate Name

Burgess, Michael, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

PRIMARY 2018

State: TX District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		1	2		2	0	1	7		

FEC Identification Number

C

Transaction ID : A680861

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. 4-MA PAC

Mailing Address 185 Devonshire St Ste 601

City
Boston

State
MA

Zip Code
02110-1414

Purpose of Disbursement
2017 Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

2017 Contribution

State: MA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		3	1		2	0	1	7		

FEC Identification Number

C

Transaction ID : A682319

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. Continuing America's Stength and Security PAC

Mailing Address PO Box 14331

City
Baton Rouge

State
LA

Zip Code
70898-4331

Purpose of Disbursement
2017 Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

State: LA District:

2017 Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	7

FEC Identification Number

C

Transaction ID : A682320

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CHC BOLD PAC

Mailing Address 220 I St SE
Suite 280

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
2017 Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify)

State: DC District:

2017 Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	7

FEC Identification Number

C

Transaction ID : A682871

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Gene Green Congressional Campaign

Mailing Address PO Box 16128

City
Houston

State
TX

Zip Code
77222-6128

Purpose of Disbursement
Gene Green for Congress

011

Category/
Type

Candidate Name

Green, Gene , , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TX District: 29

PRIMARY 2018

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	7

FEC Identification Number

C

Transaction ID : A682872

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4000.00

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. Heller for Senate

Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137-1907

Purpose of Disbursement
Heller for Senate

Category/
Type

Candidate Name
Heller, Dean, , ,

Office Sought: House
 Senate
 President
State: NV District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼
PRIMARY 2018

Date of Disbursement
M M / D D / Y Y Y Y Y Y
06 / 27 / 2017

FEC Identification Number

Transaction ID : A684018
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
State: District:

Disbursement For:
 Primary General
 Other (specify)

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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).....▶

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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

A. Huttenbach, Dirk, E., ,

Full Name (Last, First, Middle Initial)

Mailing Address 4015 S Cobb Dr SE Ste 210

City Smyrna State GA Zip Code 30080-6316

Purpose of Disbursement Refund to individual

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 21 / 2017

FEC Identification Number: C

Transaction ID : A684019

Amount of Each Disbursement this Period: 100.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	100.00