

**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 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 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 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).....	