

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. **12FE4M5**
Psychology PAC of the American Psychological Association Practice Organization

ADDRESS (number and street) PO Box 65353
Check if different than previously reported. (ACC) Washington DC 20035

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00522094 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) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) 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 [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [03] / [01] / [2017] through [03] / [31] / [2017]

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

Signature of Treasurer *Mason, David, , ,* [Electronically Filed] Date [04] / [18] / [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)

Page 2

Write or Type Committee Name

Psychology PAC of the American Psychological Association Practice Organization

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"/>		161261.99
(b) Cash on Hand at Beginning of Reporting Period.....	163220.24	
(c) Total Receipts (from Line 19)	26505.00	32715.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	189725.24	193976.99
7. Total Disbursements (from Line 31).....	10267.00	14518.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	179458.24	179458.24
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

Write or Type Committee Name

Psychology PAC of the American Psychological Association Practice Organization

Report Covering the Period: From: / / To: / /

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).....	14930.00	16910.00
(ii) Unitemized	11575.00	15805.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	26505.00	32715.00
(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)	26505.00	32715.00
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)).....▶	26505.00	32715.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	26505.00	32715.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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	1267.00	1518.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1267.00	1518.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	13000.00
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 (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)) ..	10267.00	14518.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10267.00	14518.75

DETAILED SUMMARY PAGE
of Disbursements

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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)	26505.00	32715.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26505.00	32715.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1267.00	1518.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1267.00	1518.75

**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 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)
Psychology PAC of the American Psychological Association Practice Organization

A. Bossolo, Luana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 906 S Washington St
 Apt 203
 City Alexandria State VA Zip Code 22314-4262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Psychological Association Occupation (for Individual) Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 03 / 2017
Transaction ID : A5DAB74E2A3CC4CE7AF9
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Aranda, Roy, Y, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Waterford Dr
 City Wheatley Hts State NY Zip Code 11798-1110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Psychologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 04 / 2017
Transaction ID : A201D724662B84D09AE9
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Nystrom, Bruce, D, Dr, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 727 N Waco Ave
 Ste 320
 City Wichita State KS Zip Code 67203-3972
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Psychologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 04 / 2017
Transaction ID : A3C783FBD38A7440D92C
 Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1115.00
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 21
	<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)
Psychology PAC of the American Psychological Association Practice Organization

A. McLeod, Robin, , Dr, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7582 Currell Blvd
 Ste 208
 City Woodbury State MN Zip Code 55125-2471
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Counseling Psychologists of Woodbury Occupation (for Individual) Psychologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 04 / 2017
Transaction ID : A104938AC364B4E49848
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. McKinnie, Michele, C, Dr., PsyD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1648 Ellis St
 Ste 302
 City Bozeman State MT Zip Code 59715-8811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Psychologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 04 / 2017
Transaction ID : A8DFB0AE8293C41C48A4
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Kamena, Mark, , Dr, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Sagebrush Ct
 City San Rafael State CA Zip Code 94901-1591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Clinical Psychologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2650.00

Date of Receipt 03 / 04 / 2017
Transaction ID : A0E096C7D5CF0413A934
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3750.00
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 21
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Psychology PAC of the American Psychological Association Practice Organization

A. Homans, Lucy, Aldrich, , EdD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 916 36th Ave

City Seattle	State WA	Zip Code 98122-5217
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Psychologist
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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
03		04		2017

Transaction ID : AE8F18529FEC94E5BA73

Amount of Each Receipt this Period
250.00

Memo Item

B. Walter, Douglas B, , , JD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2574 Huey Ave

City Drexel Hill	State PA	Zip Code 19026-1318
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) American Psychological Association	Occupation (for Individual) Attorney
---	---

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
03		04		2017

Transaction ID : AC43E53921D3B46878C5

Amount of Each Receipt this Period
250.00

Memo Item

C. arnold, kevin, David, Dr, PhD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4624 Sawmill Rd

City Columbus	State OH	Zip Code 43220-2247
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CCBT	Occupation (for Individual) Psychologist
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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
03		04		2017

Transaction ID : AF8E72FBE5466469BB07

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
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 21
	<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)
Psychology PAC of the American Psychological Association Practice Organization

A. Cipriano, Traci, , , PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Nettleton Dr
 City Woodbridge State CT Zip Code 06525-1004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Psychologist
 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
 03 / 04 / 2017
Transaction ID : A1458E7BB099A41E8A57
 Amount of Each Receipt this Period
 400.00
 Memo Item

B. McPherson, Susan, Eileen, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4805 Drew Ave S
 City Minneapolis State MN Zip Code 55410-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Neuropsychologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2017
Transaction ID : A593F845CFD6C470EA97
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Berman, Paul, C, Dr, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 102 W Pennsylvania Ave Ste 306
 City Towson State MD Zip Code 21204-4543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Berman & Killeen Occupation (for Individual) Psychologist
 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
 03 / 05 / 2017
Transaction ID : AB445CADB699A45A3874
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	950.00
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 21
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Psychology PAC of the American Psychological Association Practice Organization

A. Kelly, Jennifer, F, Dr., PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address ATLANTA CENTER FOR BEHAVIORAL MEDI
 2325 LOG CABIN DR SE STE 105
 City ATLANTA State GA Zip Code 30339-6742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Psychologist
 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
 03 / 06 / 2017
Transaction ID : AB10CCD982F8544859F7
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. DIAZ-GRANADOS, Jim, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 750 1st St NE
 FI 1-7
 City Washington State DC Zip Code 20002-4242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Psychological Association Occupation (for Individual) Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 615.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2017
Transaction ID : A877F9DFCF7914408B24
 Amount of Each Receipt this Period
 615.00
 Memo Item

c. Shullman, Sandra, L, Dr., PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 268 Croswell Rd
 City Columbus State OH Zip Code 43214-3010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Executive Development Gp-Ohio Occupation (for Individual) Psychologist
 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 / 06 / 2017
Transaction ID : A8D5009AC88334C0CA64
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1865.00
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
	<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)
Psychology PAC of the American Psychological Association Practice Organization

A. Puente, Antonio, E, Dr., PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1508 Military Cutoff Rd
 Ste 303
 City Wilmington State NC Zip Code 28403-5730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of NC Occupation (for Individual) Psychologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 06 / 2017
Transaction ID : A632538EA647344A3852
 Amount of Each Receipt this Period 500.00
 Memo Item

B. sidun, nancy, M, Dr, PsyD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1195 Kamehame Dr
 City Honolulu State HI Zip Code 96825-3504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tripler Army Medical Center Occupation (for Individual) Clinical Psychologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 10 / 2017
Transaction ID : ACD8393C740F6449EACA
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Waters, Virginia, , Dr, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Central Ave
 City Cranford State NJ Zip Code 07016-2103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Psychologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 10 / 2017
Transaction ID : A2E1C218AC95345468E2
 Amount of Each Receipt this Period 1500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 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	

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NAME OF COMMITTEE (In Full)
Psychology PAC of the American Psychological Association Practice Organization

A. Siegel, Alex, M, Dr., PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 915 Montgomery Ave
 Ste 210
 City Penn Valley State PA Zip Code 19072-1550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Psychologist/Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 10 / 2017
Transaction ID : A846EC01694484CBCA5F
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Doppler, Matthew, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Med Ctr One Hlth Sys
 414 N Seventh St
 City Bismarck State ND Zip Code 58501-4423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North Dakota Psychological Association Occupation (for Individual) Psychologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 10 / 2017
Transaction ID : A1412C2E4CDC74D1DBFD
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Coons, Helen, L, Dr., PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 410 Acoma St
 Unit 305
 City Denver State CO Zip Code 80204-5150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Women's Mental Health Associates Occupation (for Individual) Clinical Health Psychologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 10 / 2017
Transaction ID : AA37D17C5A5C74ADD9BB
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 21
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Psychology PAC of the American Psychological Association Practice Organization

A. Aranda, Roy, Y, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Waterford Dr

City Wheatley Hts	State NY	Zip Code 11798-1110
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Psychologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2017

Transaction ID : A931B176AF72B49CBBEF

Amount of Each Receipt this Period
1000.00

Memo Item

B. Gross, Seymour, Z, Dr, PhD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1941 Drew Ave S

City Minneapolis	State MN	Zip Code 55416-3617
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Hennepin County	Occupation (for Individual) Clinical Psychologist
--	--

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
03	/	10	/	2017

Transaction ID : A8B73CD58FE584F669ED

Amount of Each Receipt this Period
250.00

Memo Item

C. Massey, Ren, F, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3206 Saute Way

City Decatur	State GA	Zip Code 30032-1842
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Self-employed	Occupation (for Individual) Psychologist
--	---

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
03	/	10	/	2017

Transaction ID : A4C498983211940FB92D

Amount of Each Receipt this Period
250.00

Memo Item

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 14 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

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NAME OF COMMITTEE (In Full)
Psychology PAC of the American Psychological Association Practice Organization

A. Sanders, Gilbert, O, , EdD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12604 Forest Oaks Dr
 City Choctaw State OK Zip Code 73020-6682
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Psychologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 16 / 2017**
Transaction ID : AA5C9E894A831404790B
 Amount of Each Receipt this Period 250.00
 Memo Item

B. LaFlamme, Donna, M, , PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 33693
 City Palm Bch Gdns State FL Zip Code 33420-3693
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Psychologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 16 / 2017**
Transaction ID : A64D075F4191943A082F
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Miller, Samantha, Pia, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 5704
 City Austin State TX Zip Code 78763-5704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UT-Austin Occupation (for Individual) Psychologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **03 / 16 / 2017**
Transaction ID : A3200F50FC4FB4934879
 Amount of Each Receipt this Period 1000.00
 Memo Item

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 15 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
Psychology PAC of the American Psychological Association Practice Organization

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Thompson, Thomas, Calvin, Dr., PhD

Mailing Address 943 N Alameda Blvd

City Las Cruces	State NM	Zip Code 88005-2197
--------------------	-------------	------------------------

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

Name of Employer (for Individual) La Clinica de Familia FQHC	Occupation (for Individual) Medical & Neuropsychologist-Prescriber
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2017

Transaction ID : A81E8D2172887486DA61

Amount of Each Receipt this Period
250.00

Memo Item

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 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 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).....	14930.00

**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)
Psychology PAC of the American Psychological Association Practice Organization

A. Aristotle International, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 07 / 2017

FEC Identification Number: C

Transaction ID : B1E29ABE29

Amount of Each Disbursement this Period: 399.50

Memo Item

B. Aristotle International, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 10 / 2017

FEC Identification Number: C

Transaction ID : BE9039308FF

Amount of Each Disbursement this Period: 455.25

Memo Item

C. Aristotle International, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 14 / 2017

FEC Identification Number: C

Transaction ID : BA2AEC84E

Amount of Each Disbursement this Period: 304.75

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1159.50

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)

Psychology PAC of the American Psychological Association Practice Organization

Full Name (Last, First, Middle Initial)

A. Aristotle International, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		17		2017

Mailing Address 205 Pennsylvania Ave SE

FEC Identification Number

C []
Transaction ID : BCE47CCFEI
 Amount of Each Disbursement this Period
 [] 1.00

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Processing Fee

[]
Category/Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

B. Aristotle International, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		21		2017

Mailing Address 205 Pennsylvania Ave SE

FEC Identification Number

C []
Transaction ID : B0FF217B762
 Amount of Each Disbursement this Period
 [] 86.50

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Processing Fee

[]
Category/Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

C. Aristotle International, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		28		2017

Mailing Address 205 Pennsylvania Ave SE

FEC Identification Number

C []
Transaction ID : B69E03DBD:
 Amount of Each Disbursement this Period
 [] 7.50

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Processing Fee

[]
Category/Type

Candidate Name

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

Memo Item

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

[] 95.00

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)

Psychology PAC of the American Psychological Association Practice Organization

Full Name (Last, First, Middle Initial)

A. Grand Hyatt Washington

Mailing Address PO Box 350

City
Washington

State
DC

Zip Code
20044-0350

Purpose of Disbursement
In-Kind: Hotel for Fundraiser

Candidate Name

Brown, Sherrod, C., Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OH District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		05		2017

FEC Identification Number

C H2OH13033

Transaction ID : B2D740724F

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TIM MURPHY FOR CONGRESS

Mailing Address 110 Shooters Court

City
Alexandria

State
VA

Zip Code
22314-4649

Purpose of Disbursement
Contribution to Committee

Candidate Name

Murphy, Tim, F., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: PA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		07		2017

FEC Identification Number

C C00372201

Transaction ID : B3334DE6BE

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ROCK CITY PAC

Mailing Address 4515 Harding Pike, Suite 110

City
Nashville

State
TN

Zip Code
37205-2193

Purpose of Disbursement
Contribution to Committee

Candidate Name

ROCK CITY PAC

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

State: District: Other

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		07		2017

FEC Identification Number

C C00436410

Transaction ID : B83B533FB6

Amount of Each Disbursement this Period

1000.00

Memo Item

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

5000.00

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)

Psychology PAC of the American Psychological Association Practice Organization

Full Name (Last, First, Middle Initial)

A. STABENOW FOR US SENATE

Mailing Address 328 Massachusetts Ave, NE

City Washington State DC Zip Code 20002-5702

Purpose of Disbursement Contribution to Committee

Candidate Name **Stabenow, Debbie, A., Sen.,**

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼

State: MI District:

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2017

FEC Identification Number

C C00344473

Transaction ID : B278FB6DE9

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Whitehouse for Senate

Mailing Address 10 G Street, NE, Suite 470

City Washington State DC Zip Code 20002-8038

Purpose of Disbursement Contribution to Committee

Candidate Name **Whitehouse, Sheldon, , Sen.,**

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify)

State: RI District:

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2017

FEC Identification Number

C C00410803

Transaction ID : B7E28B5F40f

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TENN PAC

Mailing Address 4515 Harding Pike, Suite 110

City Nashville State TN Zip Code 37205-2193

Purpose of Disbursement Contribution to Committee

Candidate Name **TENN PAC**

Office Sought: House Senate President
 Disbursement For: 2017 Primary General Other (specify) ▼

State: District: Other

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2017

FEC Identification Number

C C00388421

Transaction ID : B7E56A899F

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00

**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)

Psychology PAC of the American Psychological Association Practice Organization

Full Name (Last, First, Middle Initial)

A. IMPACT

Mailing Address 660 Pennsylvania Ave, SE, Suite 20
C/O Tonya Fulkerson

City Washington State DC Zip Code 20003-4365

Purpose of Disbursement
Contribution to Committee

Candidate Name

IMPACT

Office Sought: House Senate President
Disbursement For: 2017
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2017

FEC Identification Number

C C00348607

Transaction ID : BA00199BA5

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

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

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

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

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

1000.00

9000.00