

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 15441 Washington DC 20003 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00522094 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] 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 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 10 / 18 / 2018 through 11 / 26 / 2018

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 12 / 04 / 2018

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

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="2018"/>		150471.01
(b) Cash on Hand at Beginning of Reporting Period.....	143020.41	
(c) Total Receipts (from Line 19)	6026.00	81900.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	149046.41	232371.66
7. Total Disbursements (from Line 31).....	250.00	83575.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	148796.41	148796.41
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)

Page 3

Write or Type Committee Name

Psychology PAC of the American Psychological Association Practice Organization

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 18 / 2018 To: M M / D D / Y Y Y Y 11 / 26 / 2018

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).....	1485.00	38897.00
(ii) Unitemized	4541.00	43003.65
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6026.00	81900.65
(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)	6026.00	81900.65
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)).....▶	6026.00	81900.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6026.00	81900.65

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	0.00	25.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	25.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	82000.00
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	250.00	1550.00
(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)).....	250.00	1550.00
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)) ..	250.00	83575.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	250.00	83575.25

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)	6026.00	81900.65
34. Total Contribution Refunds (from Line 28(d))	250.00	1550.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5776.00	80350.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	25.25
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	25.25

**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 12
	<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)
Psychology PAC of the American Psychological Association Practice Organization

A. Rich, Betty, E, Dr, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1122 Watkins Creek Dr
 City Franklin State TN Zip Code 37067-7833
 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 ▼ 240.00

Date of Receipt 10 / 21 / 2018
Transaction ID : A882123A4C0FD4131B26
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Spears, Gayle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 150 High Ridge Pl
 City Athens State GA Zip Code 30606-1971
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Georgia Occupation (for Individual) Psychologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 21 / 2018
Transaction ID : A95FB3618BFAB467D83E
 Amount of Each Receipt this Period 30.00
 Memo Item

C. O'GRADY, KATHLEEN, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1555 Naperville Wheaton Rd Ste 104
 City Naperville State IL Zip Code 60563-1559
 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 ▼ 250.00

Date of Receipt 10 / 21 / 2018
Transaction ID : AFBDED880420F49A2868
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	85.00
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 12
<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. Garrison, Elizabeth, A, , PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4131 Spicewood Springs Rd
 Ste P2
 City Austin State TX Zip Code 78759-8664
 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 **10 / 23 / 2018**
Transaction ID : A96583DC4AE694DAB81A
 Amount of Each Receipt this Period 250.00
 Memo Item
 Contribution to Committee

B. Seigerman, Charles, , Dr, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20006 Farmington Rd
 City Livonia State MI Zip Code 48152-1408
 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 **11 / 01 / 2018**
Transaction ID : A16D563DA41C241E5977
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Prescott, Diana, Lee, Dr., PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108B Main Rd S
 City Hampden State ME Zip Code 04444-1204
 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 ▼ 350.00

Date of Receipt **11 / 04 / 2018**
Transaction ID : A23FE5912E7A04BC6BA3
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
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 12
<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. Cameron, Sally, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 204 Fairwinds Dr

City Cary	State NC	Zip Code 27518-9793
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Committee of State Leaders	Occupation (for Individual) Executive Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2018

Transaction ID : A31FD0419C47C4DADB35

Amount of Each Receipt this Period
30.00

Memo Item

B. Hayes, David, , Dr., PhD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1105 Schrock Rd
Ste 207

City Columbus	State OH	Zip Code 43229-1174
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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 ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2018

Transaction ID : AD334709287D84DCD83F

Amount of Each Receipt this Period
50.00

Memo Item

C. Nguyen, Annie, Ha, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 640

City Kailua	State HI	Zip Code 96734-0640
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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 ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2018

Transaction ID : A5525F2F6821C4164A3E

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	180.00
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 12
	<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. Miller, Angela, N R, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5259 Rocky Rill Ave NE

City Canton	State OH	Zip Code 44705-3224
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Vista Psychological & Counseling Centr	Occupation (for Individual) Clinical Health Psychologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	11	/	2018

Transaction ID : A461BE43BA62E41A39C7

Amount of Each Receipt this Period
25.00

Memo Item

B. Hahn Oh, Katharine, Jo, Dr., PhD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16800 Van Aken Blvd
Apt 215

City Shaker Heights	State OH	Zip Code 44120-3650
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cleveland State University	Occupation (for Individual) Psychologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	12	/	2018

Transaction ID : A70939670E9574834A74

Amount of Each Receipt this Period
30.00

Memo Item

C. Oliver, Michael, T, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 721 Highland Park Dr

City Tupelo	State MS	Zip Code 38801-6941
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) North Mass. Medical Center	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	/	D D	/	Y Y Y Y
11	/	13	/	2018

Transaction ID : A33D484CD060F4D098D5

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	305.00
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 12
<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. Picker, William, Richard, Dr, PhD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 245 N Broadway
Ste 110

City Sleepy Hollow State NY Zip Code 10591-2657

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

Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 13 / 2018
Transaction ID : AF24E0218BCCB46DB8C6

Amount of Each Receipt this Period
250.00

Memo Item

B. Liggett, Peter, D, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1801 Main St
Rm 700-68

City Columbia State SC Zip Code 29201-2409

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

Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
11 / 15 / 2018
Transaction ID : A18EB5C85D851460EB6A

Amount of Each Receipt this Period
30.00

Memo Item

C. Rich, Betty, E, Dr, PhD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1122 Watkins Creek Dr

City Franklin State TN Zip Code 37067-7833

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

Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
270.00

Date of Receipt
11 / 21 / 2018
Transaction ID : A9523B3FBDE5A4F3383B

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	310.00
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 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Spears, Gayle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 150 High Ridge Pl
 City Athens State GA Zip Code 30606-1971
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Georgia Occupation (for Individual) Psychologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 11 / 21 / 2018
Transaction ID : AA81F793714674FA7B34
 Amount of Each Receipt this Period 30.00
 Memo Item

B. O'GRADY, KATHLEEN, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1555 Naperville Wheaton Rd Ste 104
 City Naperville State IL Zip Code 60563-1559
 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 ▼ 275.00

Date of Receipt 11 / 21 / 2018
Transaction ID : A1F4CF49E34D64A89A32
 Amount of Each Receipt this Period 25.00
 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
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	55.00
TOTAL This Period (last page this line number only).....	1485.00

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

Full Name (Last, First, Middle Initial) A. Medling, James, Mark, , PhD		Date of Disbursement MM / DD / YYYY 11 / 07 / 2018	
Mailing Address 7057 W 130th St Ste 201		FEC Identification Number C [] Transaction ID : B3670811B5C Amount of Each Disbursement this Period [] 250.00	
City Parma Heights	State OH	Zip Code 44130-7841	Category/ Type []
Purpose of Disbursement Refund		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY [] / [] / []	
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []	
City	State	Zip Code	Category/ Type []
Purpose of Disbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY [] / [] / []	
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []	
City	State	Zip Code	Category/ Type []
Purpose of Disbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 250.00
TOTAL This Period (last page this line number only).....▶	[] 250.00