

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 AMERICAN PSYCHOLOGICAL ASSOCIATION SERVICES INC.

ADDRESS (number and street) **PO Box 15441**
Check if different than previously reported. (ACC) **Washington DC 20003-0441**

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 / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on **11** / **08** / **2022** in the State of **DC**

5. Covering Period **10** / **20** / **2022** through **11** / **28** / **2022**

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

Signature of Treasurer *Phillips, Justin, , ,* [Electronically Filed] Date **11** / **29** / **2022**

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 AMERICAN PSYCHOLOGICAL ASSOCIATION SERVICES INC.

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="2022"/>		190568.76
(b) Cash on Hand at Beginning of Reporting Period.....	190627.42	
(c) Total Receipts (from Line 19)	13886.50	86045.16
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	204513.92	276613.92
7. Total Disbursements (from Line 31).....	41698.00	113798.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	162815.92	162815.92
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 AMERICAN PSYCHOLOGICAL ASSOCIATION SERVICES INC.

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).....	4245.00	50418.34
(ii) Unitemized	9641.50	33626.82
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	13886.50	84045.16
(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)	13886.50	84045.16
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	2000.00
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)).....▶	13886.50	86045.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	13886.50	86045.16

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	10.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	10.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	41500.00	112000.00
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	198.00	1788.00
(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)).....	198.00	1788.00
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)) ..	41698.00	113798.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41698.00	113798.00

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)	13886.50	84045.16
34. Total Contribution Refunds (from Line 28(d))	198.00	1788.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13688.50	82257.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	10.00
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	10.00

**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 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 AMERICAN PSYCHOLOGICAL ASSOCIATION SERVICES INC.

A. Cooke, Michelle, Pearl, , PsyD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1211 Dingle Rd
 City Mount Pleasant State SC Zip Code 29466-9386
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Health of South Carolina Occupation (for Individual) Behavioral Health Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2022
Transaction ID : A45819FADF34F479C8CF
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Spears, Gayle, , Dr., PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 Red Bluff Dr
 City Athens State GA Zip Code 30607-6562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GA Psychological Asso Occupation (for Individual) Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 25 / 2022
Transaction ID : A3910E836EF514881B19
 Amount of Each Receipt this Period 50.00
 Memo Item

C. White, Randall, , Dr., PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Grove Isle Dr Apt C-509
 City Coconut Grove State FL Zip Code 33133-4115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Executive Development Group Occupation (for Individual) Psychologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 26 / 2022
Transaction ID : A633DD7CFE246403E8E3
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	225.00
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 18
	<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 AMERICAN PSYCHOLOGICAL ASSOCIATION SERVICES INC.

A. Pistorello, Jacqueline, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4190 Longknife Rd

City Reno	State NV	Zip Code 89519-2975
--------------	-------------	------------------------

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

Name of Employer (for Individual) U of NV Reno	Occupation (for Individual) Psychologist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2022

Transaction ID : A1F86C0721D1A4432997

Amount of Each Receipt this Period
50.00

Memo Item

B. Kobor, Patricia, Clem, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9525 Locust Hill Dr
Apt STEBLD

City Great Falls	State VA	Zip Code 22066-2020
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) American Psychological Assoc	Occupation (for Individual) Gov Relations
---	--

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
10	/	27	/	2022

Transaction ID : A8655C2FB96654A82AB5

Amount of Each Receipt this Period
25.00

Memo Item

C. Pecora, Kristina, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4811 70th PI

City Hyattsville	State MD	Zip Code 20784-1650
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) United States Institute of Peace	Occupation (for Individual) Senior Program Officer - Trauma Specia
---	---

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
11	/	01	/	2022

Transaction ID : A2CACF453908542C0930

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	325.00
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 18
	<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 AMERICAN PSYCHOLOGICAL ASSOCIATION SERVICES INC.

A. Ackerman, Allison, D, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1512 Hazel Ave

City Deerfield	State IL	Zip Code 60015-2718
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Allison Ackerman, PhD	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
11	/	04	/	2022

Transaction ID : A0FD4C4E680D04590B16

Amount of Each Receipt this Period
250.00

Memo Item

B. Debiak, Dennis, , Dr., Jr
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 S Chester Rd
Ste 106

City Swarthmore	State PA	Zip Code 19081-1800
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-employed	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
11	/	06	/	2022

Transaction ID : AED4F0D6FA0D34B48B4B

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 943 N Alameda Blvd

City Las Cruces	State NM	Zip Code 88005-2124
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) iNetMed	Occupation (for Individual) Clinical and neuropsychologist-Prescri
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2022

Transaction ID : A450D97A006684D9D844

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 18
	<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 AMERICAN PSYCHOLOGICAL ASSOCIATION SERVICES INC.

A. PURO, David, M, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 345 Seaview Ave
FI 2

City Staten Island State NY Zip Code 10305-2244

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 ▼
225.00

Date of Receipt
11 / 06 / 2022
Transaction ID : A7B063B4EC9FB49A69A8

Amount of Each Receipt this Period
100.00

Memo Item

B. Porter, Natalie, , Dr,,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17 Eclipse Ct

City Alameda State CA Zip Code 94501-1144

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

Name of Employer (for Individual) Retired Occupation (for Individual) Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 06 / 2022
Transaction ID : AAFB6E8A191B241A9A30

Amount of Each Receipt this Period
250.00

Memo Item

C. Turner, Dio, Kevin, , II
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2640 Manchester Dr

City Oklahoma City State OK Zip Code 73120-3313

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
11 / 07 / 2022
Transaction ID : A6BA439CD413D4A74A19

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 10 OF 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PSYCHOLOGY PAC OF AMERICAN PSYCHOLOGICAL ASSOCIATION SERVICES INC.

A. Freeman, Thomas, S, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 Woodland Dr

City Newnan	State GA	Zip Code 30263-1114
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Lighthouse Counseling Center, PC	Occupation (for Individual) Psychologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2022

Transaction ID : A728A35D119924FBD9E3

Amount of Each Receipt this Period
500.00

Memo Item

B. Ciccarello, Rosemarie, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33 Plymouth St
Ste 208

City Montclair	State NJ	Zip Code 07042-2677
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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	/	D D	/	Y Y Y Y
11		10		2022

Transaction ID : ABB1AA106DC1644E2938

Amount of Each Receipt this Period
250.00

Memo Item

C. Brosig Soto, Cheryl, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address W169N5362 Oak Ridge Trl

City Menomonee Falls	State WI	Zip Code 53051-0660
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medical College of Wisconsin	Occupation (for Individual) Psychologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		11		2022

Transaction ID : AB05C7EC899E6499E9FD

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 11 OF 18
	<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 AMERICAN PSYCHOLOGICAL ASSOCIATION SERVICES INC.

A. Howard, Bruce, A, Dr., PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1460 7th St
 Ste 300
 City Santa Monica State CA Zip Code 90401-2632
 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 ▼ 550.00

Date of Receipt 11 / 12 / 2022
Transaction ID : A4F92EDFEE0284CCEB6E
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Gover, Jill, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1835 N Via Miraleste
 Unit 1618
 City Palm Springs State CA Zip Code 92262-3161
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DAP Health Occupation (for Individual) Psychologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 12 / 2022
Transaction ID : A0B6C43E1CFA641DC9F0
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Keane, Terence, M, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 150 S Huntington Ave
 Rese 151
 City Boston State MA Zip Code 02130-4817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VA Boston & Boston University Occupation (for Individual) Clinical Psychologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 13 / 2022
Transaction ID : A9202A1BB86CC44EF91B
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 18
<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 AMERICAN PSYCHOLOGICAL ASSOCIATION SERVICES INC.

A. Gurka, Amy, Catherine, Dr, PhD.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 927 Prairieview Cir

City Oconomowoc	State WI	Zip Code 53066-2800
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Psychological Assessment Services	Occupation (for Individual) Clinical Psychologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	14	/	2022

Transaction ID : AD7213043DA5A4FDE858

Amount of Each Receipt this Period
20.00

Memo Item

B. Perelli, Natalie, Brohl, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12700 Pinecrest Dr

City Plymouth	State MI	Zip Code 48170-3014
------------------	-------------	------------------------

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	/	D D	/	Y Y Y Y
11	/	16	/	2022

Transaction ID : A6CF61F5C878B49EAABB

Amount of Each Receipt this Period
250.00

Memo Item

C. Madsen, Sabra, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3601 Concord Rd

City York	State PA	Zip Code 17402-8741
--------------	-------------	------------------------

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

Name of Employer (for Individual) Yorlan Psychological Associates	Occupation (for Individual) Psychologist, Owner
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	17	/	2022

Transaction ID : A3FF2194CF430419B8E7

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	420.00
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 18
<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 AMERICAN PSYCHOLOGICAL ASSOCIATION SERVICES INC.

A. Cooke, Michelle, Pearl, , PsyD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1211 Dingle Rd
 City Mount Pleasant State SC Zip Code 29466-9386
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Health of South Carolina Occupation (for Individual) Behavioral Health Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 21 / 2022
Transaction ID : A2F76E92EB80E49F7BCB
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Spears, Gayle, , Dr., PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 Red Bluff Dr
 City Athens State GA Zip Code 30607-6562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GA Psychological Asso Occupation (for Individual) Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 25 / 2022
Transaction ID : A5E913B8A06A64AB881B
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Champion, Kelly, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 Rockville Pike Suite 400
 City Rockville State MD Zip Code 20852-1631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Clinical and Forensic Psychologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 28 / 2022
Transaction ID : A026673C0B2934B2F912
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	325.00
TOTAL This Period (last page this line number only).....	4245.00

**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 AMERICAN PSYCHOLOGICAL ASSOCIATION SERVICES INC.

Full Name (Last, First, Middle Initial)

A. MIKE CRAPO FOR US SENATE

Mailing Address 5263 Pocosin Lane

City
Alexandria

State
VA

Zip Code
22304-8675

Purpose of Disbursement
Contribution to Committee

Candidate Name

Crapo, Mike, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: ID District:

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 28 / 2022

FEC Identification Number

C C00330886

Transaction ID : BD2FAAD9E

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TIM SCOTT FOR SENATE

Mailing Address 1110 Trinity Drive

City
Alexandria

State
VA

Zip Code
22314-4722

Purpose of Disbursement
Contribution to Committee

Candidate Name

Scott, Tim, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: SC District:

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 28 / 2022

FEC Identification Number

C C00540302

Transaction ID : B1D30DFAB9

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CATHY MCMORRIS RODGERS FOR CONGRESS

Mailing Address 410 1st Street SE,
2nd Floor

City
Washington

State
DC

Zip Code
20003-1867

Purpose of Disbursement
Contribution to Committee

Candidate Name

McMorris Rodgers, Cathy, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 28 / 2022

FEC Identification Number

C C00390476

Transaction ID : BDEEDAA25

Amount of Each Disbursement this Period

5000.00

Memo Item

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

9000.00

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 AMERICAN PSYCHOLOGICAL ASSOCIATION SERVICES INC.

Full Name (Last, First, Middle Initial) A. BILL CASSIDY FOR US SENATE		Date of Disbursement MM / DD / YYYY 10 / 28 / 2022
Mailing Address 2308 Mount Vernon Avenue		FEC Identification Number C C00543983 Transaction ID : BEB116C981
City Alexandria	State VA	Zip Code 22301-1328
Purpose of Disbursement Contribution to Committee		Amount of Each Disbursement this Period 5000.00
Candidate Name Cassidy, Bill, , Sen.,		Category/Type
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: LA	District:	

Full Name (Last, First, Middle Initial) B. MORAN FOR KANSAS		Date of Disbursement MM / DD / YYYY 10 / 28 / 2022
Mailing Address 220 W Windsor Avenue		FEC Identification Number C C00458315 Transaction ID : BE09C68992
City Alexandria	State VA	Zip Code 22301-1518
Purpose of Disbursement Contribution to Committee		Amount of Each Disbursement this Period 5000.00
Candidate Name Moran, Jerry, , Sen.,		Category/Type
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: KS	District:	

Full Name (Last, First, Middle Initial) C. FRIENDS OF TODD YOUNG, INC.		Date of Disbursement MM / DD / YYYY 10 / 28 / 2022
Mailing Address P.O. Box 40323		FEC Identification Number C C00459255 Transaction ID : BFE5072B12
City Washington	State DC	Zip Code 20016-0323
Purpose of Disbursement Contribution to Committee		Amount of Each Disbursement this Period 2500.00
Candidate Name Young, Todd, C., Sen.,		Category/Type
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IN	District:	

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

12500.00

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 AMERICAN PSYCHOLOGICAL ASSOCIATION SERVICES INC.

Full Name (Last, First, Middle Initial) A. ROMNEY FOR UTAH INC		Date of Disbursement MM / DD / YYYY 10 / 28 / 2022
Mailing Address P.O. Box 390		FEC Identification Number C C00670695 Transaction ID : BFEEA4D58I Amount of Each Disbursement this Period 2500.00
City Alexandria	State VA	Zip Code 22313-0390
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name Romney, Mitt, , Sen.,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: UT	District:	

Full Name (Last, First, Middle Initial) B. TEXANS FOR SENATOR JOHN CORNYN INC		Date of Disbursement MM / DD / YYYY 10 / 28 / 2022
Mailing Address 1020 N. Fairfax Street		FEC Identification Number C C00369033 Transaction ID : B4CDFE5B35 Amount of Each Disbursement this Period 5000.00
City Alexandria	State VA	Zip Code 22314-1537
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name Cornyn, John, , Sen., III		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX	District:	

Full Name (Last, First, Middle Initial) C. WICKER FOR SENATE		Date of Disbursement MM / DD / YYYY 10 / 28 / 2022
Mailing Address 1020 North Fairfax Street		FEC Identification Number C C00443218 Transaction ID : BDB4DA548I Amount of Each Disbursement this Period 5000.00
City Alexandria	State VA	Zip Code 22314-1537
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name Wicker, Roger, , Sen.,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MS	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	12500.00
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 AMERICAN PSYCHOLOGICAL ASSOCIATION SERVICES INC.

Full Name (Last, First, Middle Initial)

A. COLLINS FOR SENATOR

Mailing Address 1020 N Fairfax St.
Suite 201

City
Alexandria

State
VA

Zip Code
22314-2068

Purpose of Disbursement
Contribution to Committee

Candidate Name

Collins, Susan, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: ME District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2022			

FEC Identification Number

C C00314575

Transaction ID : BD8C221E9E

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BILIRAKIS FOR CONGRESS

Mailing Address 5827 Colfax Avenue

City
Alexandria

State
VA

Zip Code
22311-1013

Purpose of Disbursement
Contribution to Committee

Candidate Name

Bilirakis, Gus, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: FL District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2022			

FEC Identification Number

C C00408534

Transaction ID : BD6ADD6B33

Amount of Each Disbursement this Period

2500.00

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

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

7500.00

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

41500.00

**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 AMERICAN PSYCHOLOGICAL ASSOCIATION SERVICES INC.

Full Name (Last, First, Middle Initial) A. Bader, Samya, , ,		Date of Disbursement MM / DD / YYYY 10 / 24 / 2022	
Mailing Address 8806 S Main St		FEC Identification Number C [] Transaction ID : BDDD51D6A! Amount of Each Disbursement this Period [] 99.00	
City Hometown	State IL	Zip Code 60456-1101	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. Cav Cumi, Cristina, , ,		Date of Disbursement MM / DD / YYYY 11 / 01 / 2022	
Mailing Address 3 Huntington Pl		FEC Identification Number C [] Transaction ID : B2A6BC69B2 Amount of Each Disbursement this Period [] 99.00	
City Norwich	State CT	Zip Code 06360-4415	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) 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).....▶	[] 198.00
TOTAL This Period (last page this line number only).....▶	[] 198.00