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Image# 202109209466851381

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other Ti	han An Auth	norized Co	nmittee		Office Use	Only	
NAME OF COMMITTEE (in full)	TYPE OR PRI	NT ▼	Example: over the	If typing, type lines.	12FE4	M5		
PSYCHOLOGY PAC	OF AMERI	CAN PSYC	HOLOGI	CAL ASSOC	CIATION S	ERVICES	SINC.	
ADDRESS (number and street)	PO Box 154	41						
Check if different than previously reported. (ACC)	Washington				DC	20003-0	0441	
2. FEC IDENTIFICATION	NUMBER ▼	CIT	Y 🛦		STATE ▲	Z	IP CODE	A
C C00522094			S THIS EPORT	× NEW (N) OF		AMENDED (A)		
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	(b) Monthly Report Due Or	n: Mar	20 (M2) 20 (M3) 20 (M4)	May 20 (M Jun 20 (M Jul 20 (M7	6) x Se	ug 20 (M8) ep 20 (M9) ct 20 (M10)	(Non Year Dec (Non Year	v 20 (M11) n-Election r Only) c 20 (M12) n-Election r Only)
April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31	(Q2) (C) 12 PF R6	RE-Election eport for the:	Conv	ention (12C)	H		in the	noff (12R)
Year-End Report July 31 Mid-Year Report (Non-elect Year Only) (MY) Termination Report (TER)	tion (d) 30	P-Day DST-Election eport for the:	Gene	ral (30G)	Runoff	f (30R)	State of Spe in the State of	ecial (30S)
5. Covering Period	08 01	2021		ough 08	M / D D D 31	2021		
I certify that I have examined Type or Print Name of Treasu	Mason, Dav		my knowledg	e and belief it is	true, correct a	and complete	1_	
Signature of Treasurer	ason, David, , ,		[Elect	ronically Filed]	Date 09	M / D 09		y y y 021
NOTE: Submission of false, erro	oneous, or incomp	olete information	n may subject	the person signing	g this Report to	the penalties	s of 52 U.S.	.C. § 30109
Office Use Only							FORM ev. 05/2016	3X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

PSYCHOLOGY PAC OF AMERICAN PSYCHOLOGICAL ASSOCIATION SERVICES INC.

80 01 2021 80 31 2021 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 163958.85 January 1. 2021 (b) Cash on Hand at 189911.36 Beginning of Reporting Period..... 6476.43 50928.98 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 214887.83 196387.79 6(a) and 6(c) for Column B)..... 1500.00 20000.04 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 194887.79 194887.79 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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 AMERICAN PSYCHOLOGICAL ASSOCIATION SERVICES INC.

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Contributions (other than loans) From:				
(a) Individuals/Persons Other				
Than Political Committees				
(i) Itemized (use Schedule A)	2470.43	30597.79		
(ii) Unitemized	4006.00	18831.19		
(iii) TOTAL (add	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 4 4		
Lines 11(a)(i) and (ii)▶	6476.43	49428.98		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00	0.00		
(d) Total Contributions (add Lines				
11(a)(iii), (b), and (c)) (Carry	6476.43	49428.98		
Totals to Line 33, page 5) Transfers From Affiliated/Other	4 4	7 7		
Party Committees	0.00	0.00		
	0.00			
. All Loans Received	0.00	0.00		
. Loan Repayments Received	0.00	0.00		
. Offsets To Operating Expenditures	4 4	45 45		
(Refunds, Rebates, etc.)				
(Carry Totals to Line 37, page 5)	0.00	0.00		
. Refunds of Contributions Made	,	,		
to Federal Candidates and Other				
Political Committees	0.00	1500.00		
Other Federal Receipts		0.00		
(Dividends, Interest, etc.)	0.00	0.00		
(a) Non-Federal Account				
(from Schedule H3)	0.00	0.00		
(ITOTT COTCODIC TIC)	0.00	0.00		
(b) Levin Funds (from Schedule H5)	0.00	0.00		
(b) Levill Fullds (IIOIII Schedule H5)	45 45	45 45		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
(6) 16141 1141161616 (444 16(4) 4114 16(5))11	4	4 4		
. Total Receipts (add Lines 11(d),				
12, 13, 14, 15, 16, 17, and 18(c))▶	6476.43	50928.98		
_				
. Total Federal Receipts	0.170.40			
(subtract Line 18(c) from Line 19)▶	6476.43	50928.98		

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		
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		5		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating Expenditures	0.00	0.00		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00		
Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to Federal Candidates/Committees and Other Political Committees	1500.00	19500.00		
Independent Expenditures (use Schedule E)	0.00	0.00		
Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	1 1 4 1 1 4 1 1 4 1	4 1 4 1 4 1 4 1		
	0.00	500.04		
(b) Political Party Committees	0.00	0.00		
(such as PACs)(d) Total Contribution Refunds	0.00	0.00		
(add Lines 28(a), (b), and (c))	0.00	500.04		
Other Disbursements (Including Non-Federal Donations)	0.00	0.00		
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		
Entirely With Federal Funds	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1500.00	20000.04		
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	1500.00	20000.04		

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)	6476.43	49428.98		
34. Total Contribution Refunds (from Line 28(d))	0.00	500.04		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6476.43	48928.94		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00		
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
88. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00		

Use separate schedule(s) for each category of the Detailed Summary Page

					PAGE		6	OF	10		
	(0	(check only one)									
		X	11a		11b		11c		12		
			13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	ne name and address of any political committee t	
NAME OF COMMITTEE (In Full) PSYCHOLOGY PAC OF AME	RICAN PSYCHOLOGICAL ASSO	CIATION SERVICES INC.
Full Name of Individual (Last, First, Middle II. Schroeder, Lisa, M, Ms.,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 220 E 6th St		08 08 2021
City	State Zip Code	Transaction ID : A2D4371685F664DEFB1E
Mendota	IL 61342-1804	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	71.43
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Chicago School of Professional Psych	PhD student	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	214.28	
Full Name of Individual (Last, First, Middle I Shullman, Sandra, L, Dr., PhD	nitial) or Full Organization Name	Date of Receipt
Mailing Address 268 Croswell Rd		08 09 2021
City	State Zip Code	Transaction ID : A3FBDB0EB023E4E7696E
Columbus	OH 43214-3010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual) Executive Development Group	Occupation (for Individual) Consultant/Psychologist	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	650.00	
Full Name of Individual (Last, First, Middle II) C. McCormick, Mercedes, A, Dr.,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 33 Hudson St Apt 2810E		08
City Jersey City	State	Transaction ID : ADC01EE1625A54BB8B6D
	0/302-/303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual) Pace University	Occupation (for Individual) Professor	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	500.00	
SUBTOTAL of Receipts This Page (optional)		1071.43
TOTAL This Period (last page this line numbe	<u> </u>	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		7	OF	10		
	(0	(check only one)									
		X	11a		11b		11c		12		
			13		14		15		16	;	17

				solicit contributions from such committee.
\	OF COMMITTEE (In Full) 'CHOLOGY PAC OF AMERIC	CAN PS	YCHOLOGICAL ASSOC	CIATION SERVICES INC.
A. How Mailing City Tamp FEC II federa Name Gary F	O number of contributing I political committee. of Employer (for Individual) Howell, PsyD, PC ot For: Primary	State FL Occupyoda Occupyoda Aggregate	Zip Code 33607-4244 pation (for Individual) hologist Year-to-Date 500.00	Date of Receipt M M M O9 2021 Transaction ID: A99F1DA19C3594F48AB2 Amount of Each Receipt this Period 500.00 Memo Item
City Portla FEC II federa Name WW (fr	O number of contributing I political committee. of Employer (for Individual) ormerly Weight Watchers) ot For: Primary ☐ General Other (specify) ▼	State OR C Occu Senio	Zip Code 97227-2028 Ipation (for Individual) or Manager, Multicultural Program Year-to-Date ▼ 249.00	Date of Receipt M M M / D D / 2021 Transaction ID: A5E74C082F5C242BC969 Amount of Each Receipt this Period 99.00 Memo Item
City Hamp FEC II federa Name Hamp Receip	O number of contributing I political committee. of Employer (for Individual) den Psychological Consultation, PL	State ME C Occur Clinic	Zip Code 04444-1204 pation (for Individual) cal Psychologist, Owner Year-to-Date ▼ 550.00	Date of Receipt M M M
SUBTO	TAL of Receipts This Page (optional)			649.00
TOTAL	This Period (last page this line number on	ıly)		

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		8	OF	10		
	(check only one)										
		X	11a		11b		11c		12	2	
			13		14		15		16	6	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 t	he name and address of any political commit	tee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) PSYCHOLOGY PAC OF AME	ERICAN PSYCHOLOGICAL AS	SOCIATION SERVICES INC.						
Full Name of Individual (Last, First, Middle Sheras, Peter, L, Dr, PhD	Initial) or Full Organization Name	Date of Receipt						
Mailing Address 100 E South St Ste 5	Ste 5							
City Charlottesville	State Zip Code VA 22902-5217	Transaction ID : AACA0BA1753604D97908 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	500.00						
Name of Employer (for Individual) Self	Occupation (for Individual) Clinical Psychologist	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00							
Full Name of Individual (Last, First, Middle McCabe, Mary Ann, , Dr, PhD, AB Mailing Address 6524 Jay Miller Dr		Date of Receipt						
City Falls Church FEC ID number of contributing	State Zip Code VA 22041-1135	7 Transaction ID : A18DFC37214F543B89B4 Amount of Each Receipt this Period						
federal political committee. Name of Employer (for Individual) Self	Occupation (for Individual) Clinical Psychologist	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00							
Full Name of Individual (Last, First, Middle Howard, Bruce, A, Dr., PhD	Initial) or Full Organization Name	Date of Receipt						
Mailing Address 1460 7th St Ste 300 City Santa Monica FEC ID number of contributing	State Zip Code CA 90401-2632	08 12 2021 Transaction ID : A85871B8A1EF04424B35 Amount of Each Receipt this Period						
federal political committee.	C	50.00						
Name of Employer (for Individual) Self Receipt For: Primary Other (specify) General	Occupation (for Individual) Psychologist Aggregate Year-to-Date ▼ 266.66	Memo Item						
SUBTOTAL of Receipts This Page (optional).		700.00						
TOTAL This Period (last page this line number	er only)							

Use separate schedule(s) for each category of the Detailed Summary Page

TOTAL MOMBERS					PAGE	:	9	OF	10		
	(check only one)										
		X	11a		11b		11c		12		
			13		14		15		16	6	17

	ng the name and address of any political committee					
NAME OF COMMITTEE (In Full) PSYCHOLOGY PAC OF AM	MERICAN PSYCHOLOGICAL ASSO	OCIATION SERVICES INC.				
Full Name of Individual (Last, First, Midd Spears, Gayle, , Dr., Mailing Address 160 Red Bluff Dr	dle Initial) or Full Organization Name	Date of Receipt				
City Athens	State Zip Code GA 30607-6562	Transaction ID : A56BE5DA7CD824AF0A Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer (for Individual) GA Psychological Asso Receipt For:	Occupation (for Individual) Executive Director	Memo Item				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00					
Full Name of Individual (Last, First, Midd 3. Mailing Address	dle Initial) or Full Organization Name	Date of Receipt				
City	State Zip Code	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C					
Name of Employer (for Individual) Receipt For:	Occupation (for Individual)	Memo Item				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼					
Full Name of Individual (Last, First, Mido	dle Initial) or Full Organization Name	Date of Receipt				
Mailing Address		M = M / D = D / Y = Y = Y				
City	State Zip Code	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼					
SUBTOTAL of Receipts This Page (option	al)	50.00				
TOTAL This Period (last page this line nur	mber only)	2470.43				

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SCHI	EDULE B (FEC Form 3X)		FOR LIN		E NUMBER: PAGE 10 OF 10
	IZED DISBURSEMENTS	Use separate schedule(s) for each category of the		(check only one)	
			Summary Page	211	
		<u> </u>		288	
	formation copied from such Reports and States commercial purposes, other than using the nar				
k	ME OF COMMITTEE (In Full)				
PSYCHOLOGY PAC OF AMERICAN PSYCHOLOGICAL ASSOCIATION SERVICES INC.					
Full	Full Name (Last, First, Middle Initial)				
A. LIS	LISA MURKOWSKI FOR US SENATE				Date of Disbursement
Mai	Mailing Address PO BOX 100847				08 05 2021
City	,	State	Zip Code		FEC Identification Number
	chorage	AK	99510-0847		
	Purpose of Disbursement Contribution to Committee			· · ·	C C00384529
Can	Candidate Name Categor			Category/	Transaction ID : B322AD7868! Amount of Each Disbursement this Period
	urkowski, Lisa, , Sen.,			Type	
Offic		ment For: 2			1500.00
	X Senate President	Primary Other (spec	General ify) ▼		□ M N
Stat	te: AK District:				Memo Item
	Full Name (Last, First, Middle Initial)				
B.					Date of Disbursement
 Mai	Mailing Address				M - M / D - D / Y - Y - Y - Y
City	,	State	Zip Code		FEC Identification Number
Pur	Purpose of Disbursement				C
					<u> </u>
Can	Category/ Type Office Sought: House Senate President Disbursement For: Primary Other (specify) Other (specify)				Amount of Each Disbursement this Period
Offic				Type	
3.71					7 7
				Memo Item	
	State: District:				<u> </u>
Full C.	Full Name (Last, First, Middle Initial)				Date of Disbursement
_					M M / D D / Y Y Y Y
Mai	Mailing Address				
City	,	State	Zip Code		FEC Identification Number
Pur	Purpose of Disbursement				C
Can	Candidate Name				
Jan	Category/ Type				Amount of Each Disbursement this Period
Offic	Office Sought: Disbursement For:			71	
	Senate	Primary	General		
Stat	President te: District:	Other (spec	city) 🔻		Memo Item
Jiai	Doubt.				
SUBTOTAL of Disbursements This Page (optional)					