PAGE 1/5 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Psychology PAC of American Psychological Association Services Inc. PO Box 15441 ADDRESS (number and street) (Check if address is changed) Washington 20003-DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Outsourcing@Aristotle.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00522094 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Mason, David, , , Type or Print Name of Treasurer Mason, David, , , [Electronically Filed] 16 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1

Federal Election Commission Use Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

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TYPE OF	COMMITTEE	1 ago 2		
Candida	te Committee:			
(a)	This committee is a principal campaign committee. (Complete the candidate information below)		
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)			
Name of Candidate				
Candidate Party Affilia	Office Sought: House Senate President	State		
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name of Candidate				
Party Co	mmittee:	(D		
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.		
Political	Action Committee (PAC):			
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a		
	Corporation Corporation w/o Capital Stock	Labor Organization		
	Membership Organization Trade Association	Cooperative		
	In addition, this committee is a Lobbyist/Registrant PAC.			
(f)	egregated fund or party			
	In addition, this committee is a Lobbyist/Registrant PAC.			
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
Joint Fur	draising Representative:			
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.			
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political		
Coi	mmittees Participating in Joint Fundraiser			
1.	FEC ID number			
2.	FEC ID number			
3.	FEC ID number			
4.				

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Write or Type Committee Name		
Psychology PAC	of American Psychological Association Ser	vices Inc.
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
American Psychologica	al Association Services Inc. (APASI)	
	750 1st St NE	
Mailing Address		
	Washington DC 20002-4241	
	CITY STATE ZIF	CODE
Relationship: x Connected	Organization Affiliated Committee Joint Fundraising Representative Leader	rship PAC Sponsor
	ify by name, address (phone number optional) and position of the person in posses	sion of committee
books and records.		
Mason, Da Full Name	vid, , ,	
	205 Pennsylvania Ave SE	
Mailing Address		
	Washington DC , 20003-1164	
	Washington 20	
Title or Position	CITY STATE ZIP	CODE
Custodian of Records		8 8345
	Telephone number	
8. Treasurer: List the name and	address (phone number optional) of the treasurer of the committee; and the name	and address of
any designated agent (e.g., a	ssistant treasurer).	
Full Name Mason, Dav	rid, , ,	
Mailing Address	205 Pennsylvania Ave SE	
Mailing Address		
	Washington (2000) 4404	
	Washington DC 20003-1164	CODE
Title or Position		CODE
Treasurer	Telephone number 202 543	8345

Telephone number

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Full Name of Designated Agent		, , , , , , , , , , , , , , , , , , ,
Mailing Address		
amiy Addless		
	CITY STATE Z	IP CODE
Title or Position		1 1
	Telephone number	
Mailing Address	BB&T 300 S Washington St Alexandria VA 22314	
	CITY STATE Z	THE CAULTE
Name of Bank, [Depository, etc.	
Name of Bank, [Depository, etc.	
Name of Bank, [Depository, etc.	
	Depository, etc.	
	Depository, etc.	

: 97 'A - G7 9 @ 5 B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC F H Z G7 < 98 I @ 'C F' + H9 A - N5 H-C B

Form/Schedule: F1A Transaction ID:

Form 1 is being amended to disclose a change in the name of the connected organization and of the committee, a change in address, and its status as a lobbyist-registrant.

Form/Schedule: Transaction ID: