

# 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.   
American Psychological Association Practice Organization Political Action Committee (APAPO-PAC)

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 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  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Craig Engle

Signature of Treasurer Craig Engle [Electronically Filed] Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Psychological Association Practice Organization Political Action Committee (APAPO-PAC)

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="2014"/>		<input type="text" value="131285.92"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="131285.92"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="47806.86"/>	<input type="text" value="47806.86"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="179092.78"/>	<input type="text" value="179092.78"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="49790.82"/>	<input type="text" value="49790.82"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="129301.96"/>	<input type="text" value="129301.96"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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. 06/2004)

Page 3

Write or Type Committee Name

American Psychological Association Practice Organization Political Action Committee (APAPO-PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y 03 / 31 / 2014

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).....	13440.00	13440.00
(ii) Unitemized .....	33217.00	33217.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	46657.00	46657.00
(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) .....	46657.00	46657.00
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).....	1149.86	1149.86
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))..... ▶	47806.86	47806.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	47806.86	47806.86

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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 .....	1025.82	1025.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1025.82	1025.82
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	47500.00	47500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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 .....	265.00	265.00
(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)).....	265.00	265.00
29. Other Disbursements .....	1000.00	1000.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	49790.82	49790.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49790.82	49790.82

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	46657.00	46657.00
34. Total Contribution Refunds (from Line 28(d)) .....	265.00	265.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	46392.00	46392.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	1025.82	1025.82
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1149.86	1149.86
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	-124.04	-124.04

**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 30
	<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)  
**American Psychological Association Practice Organization Political Action Committee (APAPO-PAC)**

**A. Keith A Baird PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 E Ogden Ave Ste 220  
 City Hinsdale State IL Zip Code 60521-3886  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Heritage Professional Associat Occupation Psychologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 10 / 2014**  
**Transaction ID : SA11AI.10070**  
 Amount of Each Receipt this Period **500.00**  
 Contribution

**B. William B Barr PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 158 Muirfield Rd  
 City Rockville Centre State NY Zip Code 11570-2732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Psychologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **220.00**

Date of Receipt **01 / 15 / 2014**  
**Transaction ID : SA11AI.9307**  
 Amount of Each Receipt this Period **220.00**  
 Contribution

**C. Maile Marie Bay PsyD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 916 State Ave NE Ste 1  
 City Olympia State WA Zip Code 98506-1247  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Psychologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 08 / 2014**  
**Transaction ID : SA11AI.10004**  
 Amount of Each Receipt this Period **250.00**  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **970.00**  
**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 30
	<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)  
**American Psychological Association Practice Organization Political Action Committee (APAPO-PAC)**

Full Name (Last, First, Middle Initial)  
**A. Sharon L Berry PhD**

Mailing Address 2525 Chicago Ave. S, 17-217

City	State	Zip Code
Minneapolis	MN	55404-4518

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

Name of Employer	Occupation
Children's Hosp & Clinics of M	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
02	/	12	/	2014

**Transaction ID : SA11AI.9624**

Amount of Each Receipt this Period  
250.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. Timothy A Blaney PsyD**

Mailing Address 182 N Main St

City	State	Zip Code
Buffalo	WY	82834-1727

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

Name of Employer	Occupation
Self Employed	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
02	/	12	/	2014

**Transaction ID : SA11AI.9628**

Amount of Each Receipt this Period  
250.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. Marianne Bowden PhD**

Mailing Address 365 Riffel Rd Ste B

City	State	Zip Code
Wooster	OH	44691-8592

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

Name of Employer	Occupation
Self Employed	Psychologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2014

**Transaction ID : SA11AI.9754**

Amount of Each Receipt this Period  
300.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> 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 8 OF 30  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Psychological Association Practice Organization Political Action Committee (APAPO-PAC)**

**A. Daniel C Claiborn PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8826 Santa Fe Dr Ste 170  
 City Overland Park State KS Zip Code 66212-3673  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Forensic Psychology Associates Occupation Psychologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 13 / 2014  
**Transaction ID : SA11AI.9761**  
 Amount of Each Receipt this Period 250.00  
 Contribution

**B. Melinda M Down**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 414 West Sunset Road Suite 201  
 City San Antonio State TX Zip Code 78209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Restore Behavioral Health PLLC Occupation Psychologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 21 / 2014  
**Transaction ID : SA11AI.9921**  
 Amount of Each Receipt this Period 150.00  
 Contribution

**C. Mercedes Galante PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 440 E Commonwealth Ave  
 City Fullerton State CA Zip Code 92832-2056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Psychologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 12 / 2014  
**Transaction ID : SA11AI.9665**  
 Amount of Each Receipt this Period 250.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00  
**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 30
	<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)  
**American Psychological Association Practice Organization Political Action Committee (APAPO-PAC)**

Full Name (Last, First, Middle Initial)  
**A. Sheila H Gardner PhD**

Mailing Address 1 Stevens Way

City State Zip Code  
 Durham NH 03824-2938

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

Name of Employer Occupation  
 Self Employed 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 / 2014  
**Transaction ID : SA11AI.10048**

Amount of Each Receipt this Period  
 250.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. Seymour Z Gross PhD**

Mailing Address 1941 Drew Ave S

City State Zip Code  
 Minneapolis MN 55416-3617

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

Name of Employer Occupation  
 Hennepin County Clinical Psychologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2014  
**Transaction ID : SA11AI.10051**

Amount of Each Receipt this Period  
 100.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. Susan M Heitler PhD**

Mailing Address 4500 E 9th Ave Ste 660S

City State Zip Code  
 Denver CO 80220-3926

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

Name of Employer Occupation  
 Self Employed Psychologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 13 / 2014  
**Transaction ID : SA11AI.9777**

Amount of Each Receipt this Period  
 300.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> 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 30
	<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)  
**American Psychological Association Practice Organization Political Action Committee (APAPO-PAC)**

Full Name (Last, First, Middle Initial) <b>A. Jaylene Kent PhD</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>02</td> <td>/</td> <td>12</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	02	/	12	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
02	/	12	/	2014								
Mailing Address PO Box 8960		<b>Transaction ID : SA11AI.9677</b>										
City Tamuning	State GU	Zip Code 96931-8960										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00											
Name of Employer Self Employed	Occupation Psychologist	Contribution										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00											

Full Name (Last, First, Middle Initial) <b>B. Maury Lacher PhD</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td>/</td> <td>24</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	03	/	24	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
03	/	24	/	2014								
Mailing Address 37 Alda Dr		<b>Transaction ID : SA11AI.10106</b>										
City Poughkeepsie	State NY	Zip Code 12603-5217										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00											
Name of Employer Self Employed	Occupation Psychologist	Contribution										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00											

Full Name (Last, First, Middle Initial) <b>C. Lance T Laurence PhD</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>02</td> <td>/</td> <td>06</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	02	/	06	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
02	/	06	/	2014								
Mailing Address The Westfield Center 305 Westfield Dr		<b>Transaction ID : SA11AI.9602</b>										
City Knoxville	State TN	Zip Code 37919-4824										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00											
Name of Employer Self Employed	Occupation Psychologist	Contribution										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00											

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> 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 30
	<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)  
**American Psychological Association Practice Organization Political Action Committee (APAPO-PAC)**

**A. Angela M Londono-McConnell PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1551 Jennings Mill Rd Unit 3100A  
 City State Zip Code  
 Bogart GA 30622-2581  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed 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 / 01 / 2014  
**Transaction ID : SA11AI.9967**  
 Amount of Each Receipt this Period  
 250.00  
 Contribution

**B. Thomas R Mayer PsyD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 250 W 82nd St Apt 42  
 City State Zip Code  
 New York NY 10024-5423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Kingsbrook Jewish Medical Cent 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  
 02 / 13 / 2014  
**Transaction ID : SA11AI.9800**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution

**C. Nancy Gordon Moore PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 750 1st St NE  
 City State Zip Code  
 Washington DC 20002-4241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Psychological Assn 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 / 24 / 2014  
**Transaction ID : SA11AI.10116**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> 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 30
	<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)  
**American Psychological Association Practice Organization Political Action Committee (APAPO-PAC)**

**A. Sheila Schuster PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Ky Psychological Assn.  
 120 Sears Ave Ste 212  
 City Louisville State KY Zip Code 40207-5072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Psychologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2014  
**Transaction ID : SA11AI.9956**  
 Amount of Each Receipt this Period  
 400.00  
 Contribution

**B. Dea C Silbertrust PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 S Bryn Mawr Ave Ste 203  
 City Bryn Mawr State PA Zip Code 19010-3216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation 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 / 09 / 2014  
**Transaction ID : SA11AI.10019**  
 Amount of Each Receipt this Period  
 250.00  
 Contribution

**C. Raymond Carl Skurda PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15820 Chelmsford St  
 City Clinton Township State MI Zip Code 48038-3213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation 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  
 02 / 12 / 2014  
**Transaction ID : SA11AI.9712**  
 Amount of Each Receipt this Period  
 250.00  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> 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 13 OF 30  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**American Psychological Association Practice Organization Political Action Committee (APAPO-PAC)**

Full Name (Last, First, Middle Initial)  
**A. Trisha A Stark PhD**

Mailing Address 47 Groveland Ter

City State Zip Code  
Minneapolis MN 55403-1104

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

Name of Employer Occupation  
Self Employed Psychologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
01 / 21 / 2014  
**Transaction ID : SA11AI.9172**

Amount of Each Receipt this Period  
5000.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. Sunita Mahtani Stewart PhD**

Mailing Address 5323 Harry Hine Blvd

City State Zip Code  
Dallas TX 75390-0001

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

Name of Employer Occupation  
UT Southwestern Psychologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 12 / 2014  
**Transaction ID : SA11AI.9720**

Amount of Each Receipt this Period  
250.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. Pauline Wallin PhD**

Mailing Address 201 S 32nd St

City State Zip Code  
Camp Hill PA 17011-5103

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

Name of Employer Occupation  
Self Employed Psychologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 12 / 2014  
**Transaction ID : SA11AI.9730**

Amount of Each Receipt this Period  
250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5500.00

**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 14 OF 30  
(check only one)

<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)  
**American Psychological Association Practice Organization Political Action Committee (APAPO-PAC)**

**A. Virginia Waters PhD**  
Full Name (Last, First, Middle Initial)  
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 Self Employed Occupation Psychologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 03 / 12 / 2014  
**Transaction ID : SA11AI.10087**  
Amount of Each Receipt this Period 500.00  
Contribution

**B. Abraham W Wolf PhD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 31050 Gates Mills Blvd  
City Pepper Pike State OH Zip Code 44124-4355  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Metrohealth Occupation Psychologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 220.00

Date of Receipt 01 / 15 / 2014  
**Transaction ID : SA11AI.9343**  
Amount of Each Receipt this Period 220.00  
Contribution

**C. Suzanne M Zilber PhD**  
Full Name (Last, First, Middle Initial)  
Mailing Address Catalyst Counslg Plc  
600 5th St Ste 302  
City Ames State IA Zip Code 50010-6072  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Catalyst Consulting Occupation Psychologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 02 / 21 / 2014  
**Transaction ID : SA11AI.9942**  
Amount of Each Receipt this Period 500.00  
Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1220.00
<b>TOTAL</b> This Period (last page this line number only).....▶	13440.00

**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 15 OF 30
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
**American Psychological Association Practice Organization Political Action Committee (APAPO-PAC)**

Full Name (Last, First, Middle Initial)  
**A. American Psychological Association Practice Organization (APAPO)**

Mailing Address 750 First Street NE

City Washington State DC Zip Code 20002

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
406.38

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2014  
**Transaction ID : SA15.9551**

Amount of Each Receipt this Period  
406.38

Offset for December 2013 Administrative Expenses

Full Name (Last, First, Middle Initial)  
**B. American Psychological Association Practice Organization (APAPO)**

Mailing Address 750 First Street NE

City Washington State DC Zip Code 20002

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
587.09

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2014  
**Transaction ID : SA15.9553**

Amount of Each Receipt this Period  
180.71

Offset for January 2014 Administrative Expenses

Full Name (Last, First, Middle Initial)  
**C. American Psychological Association Practice Organization (APAPO)**

Mailing Address 750 First Street NE

City Washington State DC Zip Code 20002

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1149.86

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : SA15.9965**

Amount of Each Receipt this Period  
562.77

Offset for February 2014 Administrative Expenses

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1149.86
<b>TOTAL</b> This Period (last page this line number only).....▶	1149.86

**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"/> 24	<input type="checkbox"/> 25	<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)

American Psychological Association Practice Organization Political Action Committee (APAPO-PAC)

Full Name (Last, First, Middle Initial)

**A. PayPal**

Mailing Address 2211 N. First St.

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2014

Transaction ID : SB21B.9554

Amount of Each Disbursement this Period

520.77

Full Name (Last, First, Middle Initial)

**B. PayPal**

Mailing Address 2211 N. First St.

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
Monthly Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2014

Transaction ID : SB21B.10183

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

**C. PayPal**

Mailing Address 2211 N. First St.

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2014

Transaction ID : SB21B.10181

Amount of Each Disbursement this Period

209.34

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

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

760.11

760.11



**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"/> 24	<input type="checkbox"/> 25	<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)

American Psychological Association Practice Organization Political Action Committee (APAPO-PAC)

Full Name (Last, First, Middle Initial)

**A. ALEXANDER FOR SENATE 2014 INC**

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Contribution

Candidate Name

LAMAR ALEXANDER

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District: 00

Date of Disbursement

MM / DD / YYYY  
02 / 06 / 2014

Transaction ID : SB23.9566

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. BECERRA FOR CONGRESS**

Mailing Address P.O. BOX 261060

City LOS ANGELES State CA Zip Code 90026

Purpose of Disbursement  
Contribution

Candidate Name

XAVIER BECERRA

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

MM / DD / YYYY  
03 / 19 / 2014

Transaction ID : SB23.10159

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. BILIRAKIS FOR CONGRESS**

Mailing Address PO BOX 606

City TARPON SPRINGS State FL Zip Code 34688

Purpose of Disbursement  
Contribution

Candidate Name

GUS M BILIRAKIS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2014

Transaction ID : SB23.10178

Amount of Each Disbursement this Period

1000.00

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

3500.00

**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"/> 24	<input type="checkbox"/> 25	<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)

**American Psychological Association Practice Organization Political Action Committee (APAPO-PAC)**

Full Name (Last, First, Middle Initial)

**A. BLUE DOG POLITICAL ACTION COMMITTEE**

Mailing Address 6849 OLD DOMINION DRIVE  
SUITE 222

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	4

Transaction ID : SB23.9535

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. BLUMENAUER FOR CONGRESS**

Mailing Address 830 NE HOLLADAY, #105

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement  
Contribution

Candidate Name

**EARL BLUMENAUER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Other

State: OR District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	1	4

Transaction ID : SB23.9571

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. COLLINS FOR SENATOR**

Mailing Address PO BOX 1096

City BANGOR State ME Zip Code 04402

Purpose of Disbursement  
Contribution

Candidate Name

**SUSAN M COLLINS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Other

State: ME District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	4

Transaction ID : SB23.10163

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

3	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0

**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"/> 24	<input type="checkbox"/> 25	<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)

American Psychological Association Practice Organization Political Action Committee (APAPO-PAC)

Full Name (Last, First, Middle Initial)

**A. CONGRESSIONAL BLACK CAUCUS PAC**

Mailing Address PO BOX 70980

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			27			2014			

Transaction ID : SB23.9536

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE**

Mailing Address 430 SOUTH CAPITOL STREET, SE  
2ND FLOOR

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
02			06			2014			

Transaction ID : SB23.9562

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. ENZI FOR US SENATE**

Mailing Address PO BOX 2775

City CODY State WY Zip Code 82414

Purpose of Disbursement  
Contribution

Candidate Name

MICHAEL B ENZI

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Other

State: WY District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			14			2014			

Transaction ID : SB23.9538

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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"/> 24	<input type="checkbox"/> 25	<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)

**American Psychological Association Practice Organization Political Action Committee (APAPO-PAC)**

Full Name (Last, First, Middle Initial)

**A. ENZI FOR US SENATE**

Mailing Address PO BOX 2775

City State Zip Code  
**CODY WY 82414**

Purpose of Disbursement  
 Contribution

Candidate Name

**MICHAEL B ENZI**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WY District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	4

**Transaction ID : SB23.9539**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. ENZI FOR US SENATE**

Mailing Address PO BOX 2775

City State Zip Code  
**CODY WY 82414**

Purpose of Disbursement  
 Contribution

Candidate Name

**MICHAEL B ENZI**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WY District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	4

**Transaction ID : SB23.10184**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. FRIENDS FOR JIM MCDERMOTT**

Mailing Address PO BOX 21786

City State Zip Code  
**SEATTLE WA 98111**

Purpose of Disbursement  
 Contribution

Candidate Name

**JAMES MCDERMOTT**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	1	4

**Transaction ID : SB23.10173**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

5	0	0	0	0	0	0	0	0	0

5	0	0	0	0	0	0	0	0	0

**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"/> 24	<input type="checkbox"/> 25	<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)

American Psychological Association Practice Organization Political Action Committee (APAPO-PAC)

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF PAT TOOMEY**

Mailing Address 228 S. WASHINGTON ST., SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Contribution

Candidate Name

**PATRICK JOSEPH TOOMEY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

**Transaction ID : SB23.9540**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF SCHUMER**

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement  
Contribution

Candidate Name

**CHARLES E SCHUMER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

**Transaction ID : SB23.9541**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. HOYER FOR CONGRESS**

Mailing Address 700 13TH STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name

**STENY HAMILTON HOYER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2014

**Transaction ID : SB23.9567**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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"/> 24	<input type="checkbox"/> 25	<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)

American Psychological Association Practice Organization Political Action Committee (APAPO-PAC)

Full Name (Last, First, Middle Initial)

**A. HUFFMAN FOR CONGRESS 2014**

Mailing Address PO BOX 151563

City SAN RAFAEL State CA Zip Code 94915

Purpose of Disbursement Contribution

Candidate Name  
**JARED HUFFMAN**

Office Sought:  House  Senate  President  
State: CA District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	19	/	2014

Transaction ID : SB23.10160

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. JIM RENACCI FOR CONGRESS**

Mailing Address 150 SMOKERISE DRIVE

City WADSWORTH State OH Zip Code 44281

Purpose of Disbursement Contribution

Candidate Name  
**JAMES B RENACCI**

Office Sought:  House  Senate  President  
State: OH District: 16

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2014

Transaction ID : SB23.10175

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. JUDY CHU FOR CONGRESS**

Mailing Address 6380 WILSHIRE BLVD # 1612

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement Contribution

Candidate Name  
**JUDY CHU**

Office Sought:  House  Senate  President  
State: CA District: 27

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	07	/	2014

Transaction ID : SB23.9570

Amount of Each Disbursement this Period

1000.00
---------

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

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

2500.00
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**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"/> 24	<input type="checkbox"/> 25	<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)

American Psychological Association Practice Organization Political Action Committee (APAPO-PAC)

Full Name (Last, First, Middle Initial)

**A. KIND FOR CONGRESS COMMITTEE**

Mailing Address 205 5TH AVENUE SOUTH

City LA CROSSE State WI Zip Code 54601

Purpose of Disbursement Contribution

Candidate Name  
**RONALD JAMES KIND**

Office Sought:  House  Senate  President  
 Disbursement For: 2014  Primary  General  Other (specify) ▼  
 State: WI District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	1	4

Transaction ID : SB23.9563

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. KIRKPATRICK FOR ARIZONA**

Mailing Address PO BOX 12011

City CASA GRANDE State AZ Zip Code 85130

Purpose of Disbursement Contribution

Candidate Name  
**ANN KIRKPATRICK**

Office Sought:  House  Senate  President  
 Disbursement For: 2014  Primary  General  Other (specify) ▼  
 State: AZ District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	1	4

Transaction ID : SB23.9561

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. KYRSTEN SINEMA FOR CONGRESS**

Mailing Address PO BOX 25879

City TEMPE State AZ Zip Code 85285

Purpose of Disbursement Contribution

Candidate Name  
**KYRSTEN SINEMA**

Office Sought:  House  Senate  President  
 Disbursement For: 2014  Primary  General  Other (specify) ▼  
 State: AZ District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	1	4

Transaction ID : SB23.9555

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

3	5	0	0	0	0	0	0	0	0
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3	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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"/> 24	<input type="checkbox"/> 25	<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)

American Psychological Association Practice Organization Political Action Committee (APAPO-PAC)

Full Name (Last, First, Middle Initial)

**A. MARK PRYOR FOR US SENATE**

Mailing Address PO BOX 2720

City LITTLE ROCK State AR Zip Code 72203

Purpose of Disbursement Contribution

Candidate Name

MARK L PRYOR

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: AR District: 00

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2014

Transaction ID : SB23.9574

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. MCNERNEY FOR CONGRESS**

Mailing Address P.O. BOX 690371

City STOCKTON State CA Zip Code 95269

Purpose of Disbursement Contribution

Candidate Name

JERRY MCNERNEY

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: CA District: 09

Date of Disbursement

MM / DD / YYYY  
03 / 19 / 2014

Transaction ID : SB23.10168

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. MIKE HONDA FOR CONGRESS**

Mailing Address C/O CONTRIBUTION SOLUTIONS, LLC  
123 E. SAN CARLOS ST., #531

City SAN JOSE State CA Zip Code 95112

Purpose of Disbursement Contribution

Candidate Name

MIKE HONDA

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: CA District: 17

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2014

Transaction ID : SB23.10174

Amount of Each Disbursement this Period

1000.00

**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"/> 24	<input type="checkbox"/> 25	<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)

American Psychological Association Practice Organization Political Action Committee (APAPO-PAC)

Full Name (Last, First, Middle Initial)

**A. MIKE KELLY FOR CONGRESS**

Mailing Address PO BOX 476

City LYNDORA State PA Zip Code 16045

Purpose of Disbursement Contribution

Candidate Name

GEORGE J KELLY Jr.

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: PA District: 03

Date of Disbursement

MM / DD / YYYY  
02 / 03 / 2014

Transaction ID : SB23.9558

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. MIKE THOMPSON FOR CONGRESS**

Mailing Address 5429 MADISON AVENUE

City SACRAMENTO State CA Zip Code 95841

Purpose of Disbursement Contribution

Candidate Name

MIKE THOMPSON

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: CA District: 05

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2014

Transaction ID : SB23.9544

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. ORRINPAC**

Mailing Address PO BOX 3986

City WASHINGTON State DC Zip Code 20027

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: District: Other

Date of Disbursement

MM / DD / YYYY  
03 / 19 / 2014

Transaction ID : SB23.10171

Amount of Each Disbursement this Period

1000.00

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

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

3500.00

**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"/> 24	<input type="checkbox"/> 25	<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)

**American Psychological Association Practice Organization Political Action Committee (APAPO-PAC)**

Full Name (Last, First, Middle Initial)

**A. PAUL TONKO FOR CONGRESS**

Mailing Address 911 CENTRAL AVENUE  
PO BOX 221

City ALBANY State NY Zip Code 12206

Purpose of Disbursement  
Contribution

Candidate Name

**PAUL DAVID TONKO**

Office Sought:  House  
 Senate  
 President  
State: NY District: 20

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	19	/	2014

**Transaction ID : SB23.10167**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. PEOPLE FOR DEREK KILMER**

Mailing Address PO BOX 1574

City GIG HARBOR State WA Zip Code 98335

Purpose of Disbursement  
Contribution

Candidate Name

**DEREK KILMER**

Office Sought:  House  
 Senate  
 President  
State: WA District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	14	/	2014

**Transaction ID : SB23.9547**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. PORTMAN FOR SENATE COMMITTEE**

Mailing Address 9856 ARCHER LANE

City DUBLIN State OH Zip Code 43017

Purpose of Disbursement  
Contribution

Candidate Name

**ROB PORTMAN**

Office Sought:  House  
 Senate  
 President  
State: OH District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	06	/	2014

**Transaction ID : SB23.9568**

Amount of Each Disbursement this Period

1000.00
---------

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

4000.00
---------

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

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**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"/> 24	<input type="checkbox"/> 25	<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)

American Psychological Association Practice Organization Political Action Committee (APAPO-PAC)

Full Name (Last, First, Middle Initial)

**A. RENEE ELLMERS FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 99567

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement  
Contribution

Candidate Name

RENEE JACISIN ELLMERS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2014

Transaction ID : SB23.10179

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. RON BARBER FOR CONGRESS**

Mailing Address PO BOX 57715

City TUCSON State AZ Zip Code 85732

Purpose of Disbursement  
Contribution

Candidate Name

RONALD BARBER

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AZ District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	04	/	2014

Transaction ID : SB23.10155

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. SCHAKOWSKY FOR CONGRESS**

Mailing Address P.O. BOX 5130

City EVANSTON State IL Zip Code 60204

Purpose of Disbursement  
Contribution

Candidate Name

JANICE D SCHAKOWSKY

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	06	/	2014

Transaction ID : SB23.10157

Amount of Each Disbursement this Period

1000.00
---------

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

4000.00
---------

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

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**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"/> 24	<input type="checkbox"/> 25	<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)

**American Psychological Association Practice Organization Political Action Committee (APAPO-PAC)**

Full Name (Last, First, Middle Initial)

**A. SCHOCK FOR CONGRESS**

Mailing Address PO BOX 10555

City PEORIA State IL Zip Code 61612

Purpose of Disbursement  
Contribution

Candidate Name

**AARON JON SCHOCK**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

MM / DD / YYYY  
02 / 06 / 2014

**Transaction ID : SB23.9569**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. SCOTT PETERS FOR CONGRESS**

Mailing Address PO BOX 70980

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement  
Contribution

Candidate Name

**SCOTT PETERS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

MM / DD / YYYY  
03 / 19 / 2014

**Transaction ID : SB23.10158**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. THE HAWKEYE PAC**

Mailing Address PO BOX 192

City DES MOINES State IA Zip Code 50301

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District: Other

Date of Disbursement

MM / DD / YYYY  
01 / 27 / 2014

**Transaction ID : SB23.9542**

Amount of Each Disbursement this Period

1000.00

**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"/> 24	<input type="checkbox"/> 25	<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)

American Psychological Association Practice Organization Political Action Committee (APAPO-PAC)

Full Name (Last, First, Middle Initial)

**A. TIM BISHOP FOR CONGRESS**

Mailing Address PO BOX 437

City FARMINGVILLE State NY Zip Code 11738

Purpose of Disbursement Contribution

Candidate Name  
**TIMOTHY BISHOP**

Office Sought:  House  Senate  President  
State: NY District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 19 / 2014

Transaction ID : SB23.10164

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. TOM REED FOR CONGRESS**

Mailing Address PO BOX 450

City VICTOR State NY Zip Code 14564

Purpose of Disbursement Contribution

Candidate Name  
**THOMAS W REED II**

Office Sought:  House  Senate  President  
State: NY District: 23

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2014

Transaction ID : SB23.9578

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. WYDEN FOR OREGON**

Mailing Address PO BOX 3271

City PORTLAND State OR Zip Code 97208

Purpose of Disbursement Contribution

Candidate Name  
**RONALD L WYDEN**

Office Sought:  House  Senate  President  
State: OR District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2014

Transaction ID : SB23.9575

Amount of Each Disbursement this Period

2500.00

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

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

4500.00

47500.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Psychological Association Practice Organization Political Action Committee (APAPO-PAC)

Full Name (Last, First, Middle Initial)

**A. Education Advocacy Trust**

Mailing Address 750 First St. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Event Catering Reimbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2014

Transaction ID : SB29.9580

Amount of Each Disbursement this Period

1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Category/  
Type

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

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

1000.00

1000.00