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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) American Psychological Association Practice Organization Political Action Committee (APAPO-PAC) PO Box 65353 ADDRESS (number and street) (Check if address is changed) Washington 20035 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS dsatterfield@hdafec.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 30 2015 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. **David Satterfield** Type or Print Name of Treasurer David Satterfield [Electronically Filed] 01 30 2015 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 (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	EEC Ea	rm 1 (Pavisad 02/2000)	Page <b>2</b>
		rm 1 (Revised 02/2009) OMMITTEE	raye <b>Z</b>
Car	ndidate	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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	$\times$	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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)		This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for troommittees/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 to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees 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		
American Psychologica	al Association Practice Organization Political Action Cor	nmittee (APAPO-PAC)
6. Name of Any Connected O	organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
American Psychologica	al Association Practice Organization (APAPO)	
	750 First Street NE	
Mailing Address		
	Washington DC CITY STATE	20002 ZIP CODE
Relationship: X Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Iden books and records.</li> </ol>	tify by name, address (phone number optional) and position of the perso	on in possession of committee
David Satte	erfield	
	S. Washington Street	
Mailing Address	Suite 115	
	Alexandria	22314
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 703	
8. <b>Treasurer</b> : List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; an issistant treasurer).	d the name and address of
Full Name David Satte	erfield	
Mailing Address	S. Washington Street	
	Suite 115	
		22314
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 703	

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Full Name of Designated			
Agent			
Mailing Addres	S		
		CITY STATE	ZIP CODE
Title or Position	1	Talaphona number	1 11 1
		Telephone number	
. Banks or Oth	or Donositori	ies: List all banks or other depositories in which the committee deposits funds, h	holds accounts, rents
safety deposit  Name of Bank	boxes or mai	ntains funds.	
safety deposit	boxes or main Depository,	ntains funds.	
safety deposit	boxes or mai	ntains funds. etc.	
safety deposit	boxes or mai	ntains funds.	
safety deposit Name of Bank	boxes or mai	ntains funds. etc.	
safety deposit Name of Bank	boxes or mai	ntains funds. etc.	14
safety deposit Name of Bank	boxes or mai	etc.  300 S Washington Street	14
safety deposit Name of Bank Mailing Addres	boxes or main, Depository,  BB&T s	antains funds. etc.  300 S Washington Street  Alexandria  CITY  STATE	
safety deposit Name of Bank	boxes or main, Depository,  BB&T s	antains funds. etc.  300 S Washington Street  Alexandria  CITY  STATE	
safety deposit Name of Bank Mailing Addres	boxes or main Depository,  BB&T  s  Depository,	antains funds. etc.  300 S Washington Street  Alexandria  CITY  STATE	
safety deposit Name of Bank Mailing Addres	boxes or main, Depository,  BB&T  s	antains funds. etc.  300 S Washington Street  Alexandria  CITY  STATE  etc.	
safety deposit Name of Bank Mailing Addres	boxes or main, Depository,  BB&T  s	antains funds. etc.  300 S Washington Street  Alexandria  CITY  STATE  etc.	
safety deposit Name of Bank Mailing Addres	boxes or main, Depository,  BB&T  s	antains funds. etc.  300 S Washington Street  Alexandria  CITY  STATE  etc.	