

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**PSYCHOLOGY PAC OF AMERICAN PSYCHOLOGICAL ASSOCIATION SERVICES INC.**

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00522094** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  2021 through  /  /  2021

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

Signature of Treasurer *Mason, David, , ,* [Electronically Filed] Date  /  /  2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

**PSYCHOLOGY PAC OF AMERICAN PSYCHOLOGICAL ASSOCIATION SERVICES INC.**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2021"/>	<input type="text" value="163958.85"/>	<input type="text" value="163958.85"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="189347.99"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="13004.10"/>	<input type="text" value="76728.28"/>
(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="202352.09"/>	<input type="text" value="240687.13"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5000.00"/>	<input type="text" value="43335.04"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="197352.09"/>	<input type="text" value="197352.09"/>
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

Write or Type Committee Name

**PSYCHOLOGY PAC OF AMERICAN PSYCHOLOGICAL ASSOCIATION SERVICES INC.**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7556.43	45637.08
(ii) Unitemized .....	5447.67	29591.20
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	13004.10	75228.28
(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) .....	13004.10	75228.28
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1500.00
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)).....▶	13004.10	76728.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	13004.10	76728.28

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	40500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	1500.00	2835.04
(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)).....	1500.00	2835.04
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5000.00	43335.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	43335.04

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	13004.10	75228.28
34. Total Contribution Refunds (from Line 28(d)) .....	1500.00	2835.04
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11504.10	72393.24
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
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Schroeder, Lisa, M, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 220 E 6th St  
 City Mendota State IL Zip Code 61342-1804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Chicago School of Professional Psych Occupation (for Individual) PhD student  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 428.57

Date of Receipt 11 / 08 / 2021  
**Transaction ID : AB69FAF69439346998B9**  
 Amount of Each Receipt this Period 71.43  
 Memo Item

**B. Siegel, Alex, M, Dr, PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 915 Montgomery Ave Ste 210  
 City Penn Valley State PA Zip Code 19072-1550  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Psychologist/Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 09 / 2021  
**Transaction ID : AD664BF81017A4BD5B8C**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Prescott, Diana, Lee, Dr., PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 108B Main Rd S  
 City Hampden State ME Zip Code 04444-1204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hampden Psychological Consultation, PL Occupation (for Individual) Clinical Psychologist, Owner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 11 / 10 / 2021  
**Transaction ID : A7291531298CE4B0F986**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	371.43
<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 7 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Gross, Seymour, Z, Dr., PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1941 Drew Ave S  
 City Minneapolis State MN Zip Code 55416-3617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Clinical Psychologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 10 / 2021  
**Transaction ID : A57FE2B3EA5084A3EBEA**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Howard, Bruce, A, Dr., PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1460 7th St Ste 300  
 City Santa Monica State CA Zip Code 90401-2632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Psychologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.66

Date of Receipt 11 / 12 / 2021  
**Transaction ID : A26A9B89778764531ABD**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Horn, Jacqueline, B, , PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3010 I St # 5  
 City Sacramento State CA Zip Code 95816-4420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Psychologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 13 / 2021  
**Transaction ID : A773900AEAD734BCB865**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<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 8 OF 18
	<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)  
**PSYCHOLOGY PAC OF AMERICAN PSYCHOLOGICAL ASSOCIATION SERVICES INC.**

**A. Bylsma, Lauren, M, Dr., PhD.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 McKelvey Ave  
 Apt 3  
 City Pittsburgh State PA Zip Code 15218-1452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Pittsburgh Occupation (for Individual) Assistant Professor and Clinical Psych  
 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  
 11 / 13 / 2021  
**Transaction ID : A259C9A8CED6B401EA43**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Frank, Bradley, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6565 West Loop S  
 Ste 600  
 City Bellaire State TX Zip Code 77401-3504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bradley Frank, Ph.D. and Associates Occupation (for Individual) 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  
 11 / 13 / 2021  
**Transaction ID : AF6A038DCB3CD430C8AC**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Beer, Lawrence, B, Dr., EdD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5340 Holiday Ter  
 Ste 13  
 City Kalamazoo State MI Zip Code 49009-2196  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Child and Family Psychological Service Occupation (for Individual) Psychologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2021  
**Transaction ID : AAF120BB9FB464260865**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<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 9 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Lawrence, Charles, E, Dr., PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1109 Poplar Hill Rd  
 City Baltimore State MD Zip Code 21210-1225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Psychologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 13 / 2021  
**Transaction ID : A1DA079C7C10245F8913**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Nelson, Robert, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Sawgrass Ct  
 City Greenville State SC Zip Code 29609-6943  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) South Carolina Psychological Associati Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 14 / 2021  
**Transaction ID : A482812821C944F52AC1**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**c. Gurka, Amy, Catherine, Dr, PhD.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 927 Prairieview Cir  
 City Oconomowoc State WI Zip Code 53066-2800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Psychological Assessment Services Occupation (for Individual) Clinical Psychologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 14 / 2021  
**Transaction ID : A806474B597A34B5A8AD**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	290.00
<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 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Schuster, Sheila, , Dr., PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8004 Lyndon Centre Way  
 Ste 202  
 City Louisville State KY Zip Code 40222-3612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Psychologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 20 / 2021  
**Transaction ID : AD0185F16B9814C95993**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Schroeder, Carolyn, S, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 862 E 900th Rd  
 City Lawrence State KS Zip Code 66047-9585  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Pediatric Psychologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 20 / 2021  
**Transaction ID : A736E2448A38041009B3**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Gopal, Kalyani, , Dr., PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1221 Perthshire Ln  
 City Dyer State IN Zip Code 46311-1289  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mid-America Psychological & Counseling Occupation (for Individual) Psychologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 20 / 2021  
**Transaction ID : AE29B91F4EA6E41EB938**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<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 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Baughman, Brandon, Christian, Dr, PhD.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2333 Holly Grove Dr  
 City Memphis State TN Zip Code 38119-7632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Semmes Murphey Clinic Occupation (for Individual) clinical Neuropsychologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 20 / 2021  
**Transaction ID : AC6BA22D1350249589F1**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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

Date of Receipt 11 / 21 / 2021  
**Transaction ID : AC2A0E374F43F44F591A**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Struhl, Laura, S, Dr, PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5173 Waring Rd # 206  
 City San Diego State CA Zip Code 92120-2705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Psychologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 21 / 2021  
**Transaction ID : A3A596BE1698F45D085C**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	775.00
<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 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Gilbert, Jo, , Dr., PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1303 Jefferson St  
 Ste 600A  
 City Napa State CA Zip Code 94559-2473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Psychologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2021  
**Transaction ID : A45D94CF3826B4E8185B**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Lassegard, Maryanne, , Dr, PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3340 Interlachen Dr NE  
 City Ham Lake State MN Zip Code 55304-4507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Psychologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2021  
**Transaction ID : A22232257C85E441E9CD**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Selverstone, Robert, , Dr., PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31 Bonnie Brook Rd  
 City Westport State CT Zip Code 06880-1505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Psychologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 22 / 2021  
**Transaction ID : A5890519A494D4DF3B04**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<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 13 OF 18
	<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)  
**PSYCHOLOGY PAC OF AMERICAN PSYCHOLOGICAL ASSOCIATION SERVICES INC.**

**A. Rice, Tina, M, Dr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4490 Eldorado Pkwy  
Apt 1532

City McKinney State TX Zip Code 75070-3896

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

Name of Employer (for Individual) BSW Institute for Rehabilitation Occupation (for Individual) Neuropsychologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 23 / 2021  
**Transaction ID : A4D60540B6156424E843**

Amount of Each Receipt this Period 500.00

Memo Item

**B. Kinscherff, Robert, T, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Wells Ave  
Ste 7

City Newton State MA Zip Code 02459-3211

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

Name of Employer (for Individual) Center for Law, Brain & Behavior, Mass Occupation (for Individual) Exec Director, Professor, Psychologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 23 / 2021  
**Transaction ID : A21FE3FBE68AF4A12B9C**

Amount of Each Receipt this Period 250.00

Memo Item

**C. Rosenzweig, Susan, G, Dr, PsyD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2476 NW Northrup St  
Ste 2B

City Portland State OR Zip Code 97210-3133

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

Name of Employer (for Individual) Center for Psychology & Health Occupation (for Individual) Psychologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 25 / 2021  
**Transaction ID : ACAFF3FFF411D42D0AAE**

Amount of Each Receipt this Period 20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	770.00
<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 14 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 11 / 25 / 2021  
**Transaction ID : A8CB0639D43B0472C82E**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Lindsey, Kathryn, Tierney, Dr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22941 Green Teal Ct  
 City Brambleton State VA Zip Code 20148-6974  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Owner, Behavioral Health Consultancy, Occupation (for Individual) Clinical Psychologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 30 / 2021  
**Transaction ID : ABDC2D83002264FBAB8B**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**c. Norford, Bradley, C, Dr, PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 616 Arlyn Cir  
 City Wayne State PA Zip Code 19087-5414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Psychologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 30 / 2021  
**Transaction ID : ADF6AE518868B4F8F81E**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<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 15 OF 18  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Butt, Zeeshan, , Dr.,**

Mailing Address 627 Washington Blvd  
 Apt 1

City Oak Park      State IL      Zip Code 60302-3978

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

Name of Employer (for Individual) Phreesia      Occupation (for Individual) Director, Clinical Content

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2021

**Transaction ID : A537B9654B797406B943**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City      State      Zip Code

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City      State      Zip Code

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	7556.43

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A. CATHERINE CORTEZ MASTO FOR SENATE**

Full Name (Last, First, Middle Initial)  
Catherine Cortez Masto

Date of Disbursement: 11 / 16 / 2021

Mailing Address: 8020 SOUTH RAINBOW BLVD #100-112

City: LAS VEGAS, State: NV, Zip Code: 89139

Purpose of Disbursement: Contribution to Committee

Candidate Name: Cortez Masto, Catherine, , Sen.,

Office Sought:  House,  Senate,  President

Disbursement For: 2022,  Primary,  General,  Other (specify) ▼

State: NV, District: [ ]

FEC Identification Number: C00575548  
Transaction ID: B1489820919  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. PETER MEIJER FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Peter Meijer

Date of Disbursement: 11 / 16 / 2021

Mailing Address: P.O. BOX 68554

City: GRAND RAPIDS, State: MI, Zip Code: 49516

Purpose of Disbursement: Contribution to Committee

Candidate Name: Meijer, Peter, , Rep.,

Office Sought:  House,  Senate,  President

Disbursement For: 2022,  Primary,  General,  Other (specify) ▼

State: MI, District: 03

FEC Identification Number: C00710962  
Transaction ID: B9AB11BC19  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City, State, Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House,  Senate,  President

Disbursement For:  Primary,  General,  Other (specify) ▼

State, District

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3500.00
<b>TOTAL</b> 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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PSYCHOLOGY PAC OF AMERICAN PSYCHOLOGICAL ASSOCIATION SERVICES INC.**

Full Name (Last, First, Middle Initial)

**A. Baughman, Brandon, Christian, Dr, PhD.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		22		2021

Mailing Address 2333 Holly Grove Dr

City Memphis State TN Zip Code 38119-7632

FEC Identification Number

C	Transaction ID : B78BE16EEC
Amount of Each Disbursement this Period	
	450.00

Purpose of Disbursement Refund

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**B. Gilbert, Jo, , Dr., PhD**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		23		2021

Mailing Address 1303 Jefferson St Ste 600A

City Napa State CA Zip Code 94559-2473

FEC Identification Number

C	Transaction ID : BC9F44A6F6I
Amount of Each Disbursement this Period	
	450.00

Purpose of Disbursement Refund

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**C. Struhl, Laura, S, Dr, PhD**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		23		2021

Mailing Address 5173 Waring Rd # 206

City San Diego State CA Zip Code 92120-2705

FEC Identification Number

C	Transaction ID : B787A97281!
Amount of Each Disbursement this Period	
	200.00

Purpose of Disbursement Refund

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Memo Item

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

1100.00
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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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PSYCHOLOGY PAC OF AMERICAN PSYCHOLOGICAL ASSOCIATION SERVICES INC.**

Full Name (Last, First, Middle Initial)

**A. Selverstone, Robert, , Dr., PhD**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2021

Mailing Address 31 Bonnie Brook Rd

City Westport State CT Zip Code 06880-1505

FEC Identification Number

**C**

**Transaction ID : B5D0488B99:**  
Amount of Each Disbursement this Period

400.00

Purpose of Disbursement Refund

Category/  
Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

Purpose of Disbursement

Category/  
Type

Candidate Name

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

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

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

400.00
1500.00