

# 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  /  /  2024 through  /  /  2024

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 **Phillips, Justin, , ,**

Signature of Treasurer **Phillips, Justin, , ,** Date  /  /  2024

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

Write or Type Committee Name

PSYCHOLOGY PAC OF AMERICAN PSYCHOLOGICAL ASSOCIATION SERVICES INC.

Report Covering the Period: From: 01 / 01 / 2024 To: 01 / 31 / 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		174667.18
(b) Cash on Hand at Beginning of Reporting Period.....	174667.18	
(c) Total Receipts (from Line 19) .....	11277.41	11277.41
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	185944.59	185944.59
7. Total Disbursements (from Line 31).....	3500.00	3500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	182444.59	182444.59
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

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

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

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).....	7000.00	7000.00
(ii) Unitemized .....	4277.41	4277.41
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	11277.41	11277.41
(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) .....	11277.41	11277.41
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	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)).....▶	11277.41	11277.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	11277.41	11277.41

**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	3500.00
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 .....	0.00	0.00
(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)).....	0.00	0.00
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)) ..	3500.00	3500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3500.00	3500.00

**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) .....	11277.41	11277.41
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11277.41	11277.41
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: PAGE 6 OF 10  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. McLeod, Robin, , Dr., PhD**

Mailing Address 8350 Hidden Ponds Way

City Woodbury      State MN      Zip Code 55125-5001

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

Name of Employer (for Individual) Natalis Counseling & Psychology Soluti      Occupation (for Individual) Psychologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 09 / 2024

**Transaction ID : A22EA28C1909A4134826**

Amount of Each Receipt this Period  
1000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Howard, Bruce, A, Dr., PhD**

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 ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 09 / 2024

**Transaction ID : ABF50DABA15B14F128A9**

Amount of Each Receipt this Period  
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. White, Randall, Phillip, Dr., PhD**

Mailing Address 3 Grove Isle Dr  
Apt C-509

City Coconut Grove      State FL      Zip Code 33133-4115

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

Name of Employer (for Individual) Executive Development Group      Occupation (for Individual) Consultant

Receipt For:  
 Primary    General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
01 / 10 / 2024

**Transaction ID : AE2D1FADAAE7D4E6A9D3**

Amount of Each Receipt this Period  
600.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1850.00

**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 10
	<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. Shearin, Edward, Nelson, , PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10269 Bristol Channel  
 City Ellicott City State MD Zip Code 21042-5820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Chicago School Occupation (for Individual) Professor of Psychology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 01 / 12 / 2024  
**Transaction ID : A5BED1F4ED2B9485A8DC**  
 Amount of Each Receipt this Period 600.00  
 Memo Item

**B. Berry, Sharon, L, Dr, PhD, ABPP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2817 Webster Ave S  
 City Minneapolis State MN Zip Code 55416-1845  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Berry Psychological Services Occupation (for Individual) Clinical Psychologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 01 / 17 / 2024  
**Transaction ID : AE74B3D7D44C1499F82E**  
 Amount of Each Receipt this Period 700.00  
 Memo Item

**C. McCabe, Mary Ann, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6524 Jay Miller Dr  
 City Falls Church State VA Zip Code 22041-1135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Independent Practice Occupation (for Individual) Clinical Psychologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 01 / 17 / 2024  
**Transaction ID : A4AE9D5553D294DE7B97**  
 Amount of Each Receipt this Period 600.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1900.00
<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 10
<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Houston, Holly, O, Dr.,

Mailing Address 2615 Brassie Ave

City Flossmoor	State IL	Zip Code 60422-1819
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FEC ID number of contributing federal political committee.

Name of Employer (for Individual) Anxiety and Stress Center, PC	Occupation (for Individual) Clinical Psychologist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : AA79FF986AAAB4B86A30**

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 16025 Jerald Rd

City Laurel	State MD	Zip Code 20707-2653
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FEC ID number of contributing federal political committee.

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Psychologist
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : A4BDEF783B8DC434486B**

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 136 Towne Center Dr

City Lexington	State KY	Zip Code 40511-2027
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FEC ID number of contributing federal political committee.

Name of Employer (for Individual) University of Kentucky	Occupation (for Individual) Professor
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : A941AD9462FC04E6D829**

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="1450.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>



**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 10
	<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Kelly, Jennifer, F, Dr., PhD

Mailing Address ATLANTA CENTER FOR BEHAVIORAL MEDI  
2325 LOG CABIN DR SE STE 105

City ATLANTA State GA Zip Code 30339-6742

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

Name of Employer (for Individual) Atlanta Center for Behavioral Medicine Occupation (for Individual) Psychologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 01 / 24 / 2024  
**Transaction ID : A9A95B5BFA78E4B6CB33**

Amount of Each Receipt this Period 600.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Diaz-Granados, Jaime, , Dr.,

Mailing Address 6507 Cavalier Dr

City Alexandria State VA Zip Code 22307-1306

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

Name of Employer (for Individual) American Psychological Assn Occupation (for Individual) Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 01 / 24 / 2024  
**Transaction ID : A61FC63571D444A3D954**

Amount of Each Receipt this Period 600.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Grus, Catherine, L, Dr., PhD

Mailing Address 750 1st St NE  
FI 1-7

City Washington State DC Zip Code 20002-4242

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

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

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 01 / 25 / 2024  
**Transaction ID : AC28591C382D441D9904**

Amount of Each Receipt this Period 600.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1800.00
<b>TOTAL</b> This Period (last page this line number only).....	7000.00

# 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"/> 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.**

Full Name (Last, First, Middle Initial)

### A. BOWMAN FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		17		2024

Mailing Address 499 S Capitol St SW  
Suite 420

City Washington State DC Zip Code 20003-4027

FEC Identification Number

**C** C00709196

**Transaction ID : B801A58A68I**

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement  
Contribution to Committee

Candidate Name

Bowman, Jamaal, , Rep.,

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼

State: NY District: 16

Full Name (Last, First, Middle Initial)

### B. CARAVEO FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		25		2024

Mailing Address 6129 Long Meadow Rd

City Mc Lean State VA Zip Code 22101-2312

FEC Identification Number

**C** C00787788

**Transaction ID : B3AC015485I**

Amount of Each Disbursement this Period

2500.00

Memo Item

Purpose of Disbursement  
Contribution to Committee

Candidate Name

Caraveo, Yadira, , Rep.,

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼

State: CO District: 08

Full Name (Last, First, Middle Initial)

### C.

Date of Disbursement

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

Mailing Address

City State Zip Code

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

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

State: District:

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

3500.00

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

3500.00