

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 the American Psychological Association Practice Organization

ADDRESS (number and street) PO Box 65353

Check if different than previously reported. (ACC)

Washington DC 20035

2. **FEC IDENTIFICATION NUMBER ▼** C00522094 **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 M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day **POST-Election** Report for the:

General (30G) Runoff (30R) Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 03 / 01 / 2018 through 03 / 31 / 2018

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 04 / 09 / 2018

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**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Psychology PAC of the American Psychological Association Practice Organization

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="2018"/>	<input type="text" value="150471.01"/>	<input type="text" value="150471.01"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="154733.26"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="20167.22"/>	<input type="text" value="27454.72"/>
(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="174900.48"/>	<input type="text" value="177925.73"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14150.00"/>	<input type="text" value="17175.25"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="160750.48"/>	<input type="text" value="160750.48"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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. 05/2016)

Page 3

Write or Type Committee Name

Psychology PAC of the American Psychological Association Practice Organization

Report Covering the Period: From: M M / D D / Y Y Y Y 03 / 01 / 2018 To: M M / D D / Y Y Y Y 03 / 31 / 2018

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).....	10851.00	15851.00
(ii) Unitemized	9316.22	11603.72
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	20167.22	27454.72
(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)	20167.22	27454.72
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)).....▶	20167.22	27454.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	20167.22	27454.72

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	25.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	25.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	17000.00
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	150.00	150.00
(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)).....	150.00	150.00
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)) ..	14150.00	17175.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14150.00	17175.25

DETAILED SUMMARY PAGE
of Disbursements

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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)	20167.22	27454.72
34. Total Contribution Refunds (from Line 28(d))	150.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20017.22	27304.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	25.25
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	25.25

**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 16
<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)
Psychology PAC of the American Psychological Association Practice Organization

A. Nguyen, Annie, Ha, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 640
 City Kailua State HI Zip Code 96734-0640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-employed Occupation (for Individual) 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 / 2018
Transaction ID : A373FF085B1734F5886B
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Shullman, Sandra, L, Dr., PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 268 Croswell Rd
 City Columbus State OH Zip Code 43214-3010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SLS Executive Development 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
 03 / 10 / 2018
Transaction ID : A1F0724F8F3784B8E9A0
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. McKinnie, Michele, C, Dr., PsyD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1648 Ellis St Ste 302
 City Bozeman State MT Zip Code 59715-8811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) 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 / 2018
Transaction ID : A836401007BB04BCD908
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	900.00
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 16
	<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 the American Psychological Association Practice Organization

A. Puente, Antonio, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1508 Military Cutoff Rd
Ste 303

City Wilmington State NC Zip Code 28403-5730

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 10 / 2018
Transaction ID : A969A87F099B442DEB83

Amount of Each Receipt this Period
250.00

Memo Item

B. arnold, kevin, David, Dr., PhD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4624 Sawmill Rd

City Columbus State OH Zip Code 43220-2247

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 11 / 2018
Transaction ID : A0101D3D9AD8443A9876

Amount of Each Receipt this Period
250.00

Memo Item

C. Hack, Alan, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23 W Gate Rd

City Montebello State NY Zip Code 10901-3413

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

Name of Employer (for Individual) Manhattan Psychological Associate, PC Occupation (for Individual) Psychologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 11 / 2018
Transaction ID : ABA9852A7FDBC44139C9

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
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 8 OF 16
<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 the American Psychological Association Practice Organization

A. Nordal, Katherine, C, Dr., PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25015 Duntery Ct
 City Gaithersburg State MD Zip Code 20882-3605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Psychological Association Occupation (for Individual) Psychologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt **03 / 11 / 2018**
Transaction ID : A27E9A87F4A634084A85
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Bobbitt, Bruce, L, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2455 Hampshire Ct
 City Mendota Heights State MN Zip Code 55120-1900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Consultant
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt **03 / 12 / 2018**
Transaction ID : AC7135FEC544B468CB25
 Amount of Each Receipt this Period 500.00
 Memo Item

C. McPherson, Susan, Eileen, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4805 Drew Ave S
 City Minneapolis State MN Zip Code 55410-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Neuropsychologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt **03 / 12 / 2018**
Transaction ID : A87B783B8CFC74470A56
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 16
<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 the American Psychological Association Practice Organization

A. 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 Employed Occupation (for Individual) Psychologist/Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 15 / 2018
Transaction ID : A18CA4E01D7814280AC7
 Amount of Each Receipt this Period 500.00
 Memo Item
 Practice

B. Kamena, Mark, , Dr, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Sagebrush Ct
 City San Rafael State CA Zip Code 94901-1591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Clinical Psychologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1001.00

Date of Receipt 03 / 15 / 2018
Transaction ID : AB4BAD9E728604B8A932
 Amount of Each Receipt this Period 1001.00
 Memo Item
 Practice

C. Stark, Trisha, A, Dr, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 Groveland Ter
 City Minneapolis State MN Zip Code 55403-1104
 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 ▼ 5000.00

Date of Receipt 03 / 21 / 2018
Transaction ID : A215B133174B444CDAC4
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6501.00
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 10 OF 16
<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 the American Psychological Association Practice Organization

A. Randleman, Randy, D, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16820 State Highway 9 E

City Eufaula	State OK	Zip Code 74432-5220
-----------------	-------------	------------------------

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

Name of Employer (for Individual) PSO	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
03	/	21	/	2018

Transaction ID : A33CEDDEABC6043AAA3

Amount of Each Receipt this Period
250.00

Memo Item

B. Sanders, Gilbert, O, , EdD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12604 Forest Oaks Dr

City Choctaw	State OK	Zip Code 73020-6682
-----------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2018

Transaction ID : ACC6EEA8BB568433BBD

Amount of Each Receipt this Period
250.00

Memo Item

C. Homans, Lucy, Aldrich, , EdD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 916 36th Ave

City Seattle	State WA	Zip Code 98122-5217
-----------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2018

Transaction ID : AEEE78911192B4692B77

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
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 11 OF 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Psychology PAC of the American Psychological Association Practice Organization

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

Mailing Address **Washington Psychological Center Pc**
5225 Wisconsin Ave Nw Ste 513

City **Washington** State **DC** Zip Code **20015-2024**

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

Name of Employer (for Individual) **Washington Psychological Center** Occupation (for Individual) **Psychologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1150.00

Date of Receipt
03 / 25 / 2018

Transaction ID : AD2D3DE4B744A4900BC6

Amount of Each Receipt this Period
150.00

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

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	10851.00

**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 the American Psychological Association Practice Organization

Full Name (Last, First, Middle Initial)

A. MCCASKILL FOR MISSOURI

Mailing Address 700 13TH STREET NW SUITE 600
SUITE 600

City
WASHINGTON

State
DC

Zip Code
20005-5998

Purpose of Disbursement
Contribution to Committee

Candidate Name

McCaskill, Claire, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	06	/	2018

FEC Identification Number

C C00414961

Transaction ID : B0F716BB3E

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Grand Hyatt Washington

Mailing Address 1000 H St NW

City
Washington

State
DC

Zip Code
20001-4520

Purpose of Disbursement
In Kind-Event Deposit

Candidate Name

McCaskill, Claire, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: MO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	06	/	2018

FEC Identification Number

C S6MO00305

Transaction ID : B7A5F2326E1

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ALAN LOWENTHAL FOR CONGRESS

Mailing Address 6380 WILSHIRE BLVD., #1612

City
LOS ANGELES

State
CA

Zip Code
90048

Purpose of Disbursement
Contribution to Committee

Candidate Name

Lowenthal, Alan, S., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 47

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	23	/	2018

FEC Identification Number

C C00498212

Transaction ID : BEE324867F

Amount of Each Disbursement this Period

1000.00

Memo Item

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

8000.00

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"/> 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 the American Psychological Association Practice Organization

Full Name (Last, First, Middle Initial)

A. Heidi for Senate

Mailing Address 303 Massachusetts Ave., NE

City Washington State DC Zip Code 20002-5701

Purpose of Disbursement
Contribution to Committee

Candidate Name
Heitkamp, Heidi, , Sen.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: ND District:

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2018

FEC Identification Number

C C00505552

Transaction ID : B385AF6D75;
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ADRIAN SMITH FOR CONGRESS

Mailing Address 3321 AVENUE I
SUITE 6

City SCOTTSBLUFF State NE Zip Code 69361-4587

Purpose of Disbursement
Contribution to Committee

Candidate Name
Smith, Adrian, M., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)

State: NE District: 03

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2018

FEC Identification Number

C C00412890

Transaction ID : BE264B9F2A;
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ADAM SEDLOCK FOR CONGRESS

Mailing Address 136 EAST FAYETTE ST

City UNIONTOWN State PA Zip Code 15401

Purpose of Disbursement
Contribution to Committee

Candidate Name
Sedlock, Adam, C, , JR

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: PA District: 09

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2018

FEC Identification Number

C C00523654

Transaction ID : BB09D6C7B;
Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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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 the American Psychological Association Practice Organization

Full Name (Last, First, Middle Initial)

A. CHUCK FLEISCHMANN FOR CONGRESS COMMITTEE, INC.

Mailing Address P.O. BOX 11091

City
CHATTANOOGA

State
TN

Zip Code
37401

Purpose of Disbursement
Contribution to Committee

Candidate Name

Fleischmann, Chuck, J., Rep.,

Office Sought: House
 Senate
 President
State: TN District: 03

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2018

FEC Identification Number

C C00461822

Transaction ID : BBE69CBF2C

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. COLE FOR CONGRESS

Mailing Address P.O. BOX 722256

City
NORMAN

State
OK

Zip Code
73070

Purpose of Disbursement
Contribution to Committee

Candidate Name

Cole, Tom, J., Rep.,

Office Sought: House
 Senate
 President
State: OK District: 04

Disbursement For: 2018
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2018

FEC Identification Number

C C00379735

Transaction ID : B05ECE652F1

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. McCaskill, Claire, , Sen.,

Mailing Address U S Senate 503 Hart Senate Office
Ofc BLDG

City
Washington

State
DC

Zip Code
20510-0001

Purpose of Disbursement
In Kind-Event Deposit

Candidate Name

McCaskill, Claire, , Sen.,

Office Sought: House
 Senate
 President
State: MO District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2018

FEC Identification Number

C S6MO00305

Transaction ID : BE33A96463

Amount of Each Disbursement this Period

2000.00

Memo Item

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

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

2000.00

**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 the American Psychological Association Practice Organization

Full Name (Last, First, Middle Initial)

A. 4 MA PAC

Mailing Address PO BOX 590-464

City
NEWTON

State
MA

Zip Code
02459

Purpose of Disbursement
Contribution to Committee

Candidate Name
4 MA PAC

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2018

FEC Identification Number

C C00543504

Transaction ID : BCFACBFEEI
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

1000.00

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

14000.00

**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 the American Psychological Association Practice Organization

A. Hahn Oh, Katharine, Jo, Dr., PhD

Full Name (Last, First, Middle Initial)

Mailing Address 16800 Van Aken Blvd
Apt 215

City Shaker Heights State OH Zip Code 44120-3650

Purpose of Disbursement Refund

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 12 / 2018

FEC Identification Number: C

Transaction ID : B5B8F5ABD

Amount of Each Disbursement this Period: 150.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

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:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

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:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	150.00