

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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="2022"/>		190568.76
(b) Cash on Hand at Beginning of Reporting Period.....	190568.76	
(c) Total Receipts (from Line 19)	23616.33	23616.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	214185.09	214185.09
7. Total Disbursements (from Line 31).....	500.00	500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	213685.09	213685.09
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:

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 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).....	17497.00	17497.00
(ii) Unitemized	4119.33	4119.33
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	21616.33	21616.33
(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)	21616.33	21616.33
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.....	2000.00	2000.00
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)).....▶	23616.33	23616.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	23616.33	23616.33

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.....	0.00	0.00
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	500.00	500.00
(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)).....	500.00	500.00
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)) ..	500.00	500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	500.00	500.00

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)	21616.33	21616.33
34. Total Contribution Refunds (from Line 28(d))	500.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21116.33	21116.33
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 19
	<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. Stoops, William, Walton, Dr., PhD

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

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. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 03 / 2022

Transaction ID : ADB6FDD77827342B4BD9

Amount of Each Receipt this Period
500.00

Memo Item

B. Wise, Erica, H, Dr., PhD

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

Mailing Address 400 HUNT ST UNIT 302

City DURHAM	State NC	Zip Code 27701-3379
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UNC Chapel Hill	Occupation (for Individual) Psychologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 11 / 2022

Transaction ID : AA2175060F0594D318EF

Amount of Each Receipt this Period
250.00

Memo Item

C. Kurylo, Monica, F, Dr, PhD

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

Mailing Address Kumc - Dept Of Psychiatry & Beh Ps
Ms 4015 - 1025 Olathe Pavillion

City Kansas City	State KS	Zip Code 66160-8500
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UKP, KUMC (State of Kansas)	Occupation (for Individual) Professor, Director of Psychology Divi
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 15 / 2022

Transaction ID : A415E4DE24C944ECAB45

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
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 19
	<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"/>	<input type="checkbox"/> 17

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

A. Frank, Bradley, L, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6565 West Loop S
 Ste 600
 City Belleaire 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 01 / 15 / 2022
Transaction ID : ABE214C15C08242EC97F
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Dick, Robert, M, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3729 Benson Dr
 City Raleigh State NC Zip Code 27609-7324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bob Dick PhD, PA Occupation (for Individual) Psychologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 15 / 2022
Transaction ID : AAC65391E51884A94855
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Larsson, Eric, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2440 W 24th St
 City Minneapolis State MN Zip Code 55405-2321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lovaas Institute Midwest Occupation (for Individual) Executive Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 15 / 2022
Transaction ID : AB86DEDB20D244711932
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 19
	<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. Kiesel, Dana, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 462 N Linden Dr
Ste 345

City Beverly Hills State CA Zip Code 90212-4900

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
 01 / 15 / 2022

Transaction ID : A3463C5F0024F481CA6B

Amount of Each Receipt this Period
250.00

Memo Item

B. Stettner, Daniel, Charles, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12908 Sherwood Dr

City Huntington Woods State MI Zip Code 48070-1458

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

Name of Employer (for Individual) Great Lakes Psychology Group 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
 01 / 16 / 2022

Transaction ID : A43FDF4DEF4854757B9B

Amount of Each Receipt this Period
250.00

Memo Item

C. Barron, Nancy, M, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17 Wildcat Rd

City Goldendale State WA Zip Code 98620-2328

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

Name of Employer (for Individual) Retired 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
 01 / 17 / 2022

Transaction ID : AEE888664673C4AD8BCF

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
PSYCHOLOGY PAC OF AMERICAN PSYCHOLOGICAL ASSOCIATION SERVICES INC.

A. Shullman, Sandra, L, , 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 Group, Inc. Occupation (for Individual) Consulting Psychologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 19 / 2022
Transaction ID : A9D983BA1FDDD45A8888
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Stark, Trisha, A, , 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 ▼ 3000.00

Date of Receipt 01 / 19 / 2022
Transaction ID : A895B320D73414C9BA84
 Amount of Each Receipt this Period 3000.00
 Memo Item

C. Prange, Rebecca, C, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 739 22nd St
 City Santa Monica State CA Zip Code 90402-3123
 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 ▼ 500.00

Date of Receipt 01 / 19 / 2022
Transaction ID : AC14988CA99FB43C282E
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4000.00
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 19
<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. Studwell, Karen, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7820 Frances Dr

City Alexandria	State VA	Zip Code 22306-2820
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) American Psychological Association (AP)	Occupation (for Individual) Deputy Chief Advocacy Officer
--	--

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
01	/	19	/	2022

Transaction ID : A0BC239B841EE4F58AC0

Amount of Each Receipt this Period
500.00

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 Avenue South

City MINNEAPOLIS	State MN	Zip Code 55416-1845
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Berry Psychological Services	Occupation (for Individual) Clinical Psychologist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	20	/	2022

Transaction ID : A3DC104682A854431927

Amount of Each Receipt this Period
700.00

Memo Item

C. Berry, Sharon, L, Dr, PhD, ABPP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2817 Webster Avenue South

City MINNEAPOLIS	State MN	Zip Code 55416-1845
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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 ▼
799.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	20	/	2022

Transaction ID : AE934D20383F74EF8A34

Amount of Each Receipt this Period
99.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1299.00
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 11 OF 19
	<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. Berry, Sharon, L, Dr, PhD, ABPP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2817 Webster Avenue South
 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 ▼ 898.00

Date of Receipt 01 / 20 / 2022
Transaction ID : AFACDCBFE3D0741B49B1
 Amount of Each Receipt this Period 99.00
 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 Avenue South
 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 ▼ 997.00

Date of Receipt 01 / 20 / 2022
Transaction ID : ACA33177F0B8F4545AD2
 Amount of Each Receipt this Period 99.00
 Memo Item

C. Lambert, Laura, E, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5490 S Shore Dr Apt 4N
 City Chicago State IL Zip Code 60615-5981
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Licensed Clinical Psychologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 21 / 2022
Transaction ID : AE7BE16FD207B46FA921
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	698.00
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 12 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
PSYCHOLOGY PAC OF AMERICAN PSYCHOLOGICAL ASSOCIATION SERVICES INC.

A. McGuire, Katherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 606 Tyson Dr

City Falls Church	State VA	Zip Code 22046-3650
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) American Psychological Association	Occupation (for Individual) Policy
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2022

Transaction ID : A7793FF725EE54F279CC

Amount of Each Receipt this Period
500.00

Memo Item

B. Yang, Xiaozhao, Yousef, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 503 N 18th St

City Murray	State KY	Zip Code 42071-1700
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sun Yat-sen University	Occupation (for Individual) Associate Professor
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2022

Transaction ID : A5F13B7EF0E1444289BE

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address PO Box 6241

City Napa	State CA	Zip Code 94581-1241
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) California Dept of Corrections & Rehab	Occupation (for Individual) Clinical Psychologist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2022

Transaction ID : AC311444170054D789F8

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 13 OF 19
	<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	<input type="checkbox"/> 17

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

A. Berg, Gayle, Rockmore, , PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Elmhurst Dr
 City Old Westbury State NY Zip Code 11568-1007
 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 ▼ 500.00

Date of Receipt 01 / 23 / 2022
Transaction ID : A2E6B9324CB0246059BE
 Amount of Each Receipt this Period 500.00
 Memo Item

B. 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) Psychologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 23 / 2022
Transaction ID : A6E127A0B438C4ACB85D
 Amount of Each Receipt this Period 500.00
 Memo Item

C. More, Stephen, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2804 Gillingham Ln
 City McKinney State TX Zip Code 75071-1454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Leadership & Mgt Consulting
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 23 / 2022
Transaction ID : AFC452D2E0B4C4D49996
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 14 OF 19
	<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. Meyer, Gratia, L, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8751 E Hampden Ave Ste B3

City Denver	State CO	Zip Code 80231-4929
----------------	-------------	------------------------

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
01	/	24	/	2022

Transaction ID : A054BA78BCFA843DD839

Amount of Each Receipt this Period
500.00

Memo Item

B. Klein, Nanci, Carol, Dr., PhD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 864 Windsor Ln

City Bountiful	State UT	Zip Code 84010-4400
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Nanci C Klein PhD Inc	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
01	/	26	/	2022

Transaction ID : AFB4C5A97EC9446BEB47

Amount of Each Receipt this Period
500.00

Memo Item

C. Ferguson, Debra, K, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11130 Fairfax Blvd Ste 305

City Fairfax	State VA	Zip Code 22030-5035
-----------------	-------------	------------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2022

Transaction ID : AB6E408E86C99444C875

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 15 OF 19
<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. Burdette, Lindsay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4600 Roswell Rd Unit 229
 City Atlanta State GA Zip Code 30342-3075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Georgia School of Professional Psychol Occupation (for Individual) Student
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 27 / 2022
Transaction ID : AF527C79D06EC4BFCA3E
 Amount of Each Receipt this Period 500.00
 Memo Item

B. D'Angelo, Eugene, Joseph, Dr., PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Woodholm Cir
 City Manchester State MA Zip Code 01944-1038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boston Children's Hospital/Harvard Med Occupation (for Individual) Chief of Psychology
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 27 / 2022
Transaction ID : A2D3595A7CF86407BBEA
 Amount of Each Receipt this Period 500.00
 Memo Item

c. Harris-Britt, April, , , PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3326 Durham Chapel Hill Blvd Bldg D
 City Durham State NC Zip Code 27707-6201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHB Center for Behavioral Health and W Occupation (for Individual) Invited Guest - no registration
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 28 / 2022
Transaction ID : A8D61A5B646DD4B9CB17
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
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 16 OF 19
	<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. Carter, Jean, A, Dr., PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 PC 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
 01 / 28 / 2022
Transaction ID : A2C4ECBB75CEA479DA4I
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Kelly, Jennifer, , Dr., PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 28 / 2022
Transaction ID : AA25DB2D9D67C42DCABE
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Puente, Antonio, E, , PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Department of Psychology
 University of North Carolina
 City Wilmington State NC Zip Code 28403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Psychological Association Occupation (for Individual) Professor
 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
 01 / 28 / 2022
Transaction ID : A80565E7B2E4E4981B97
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 17 OF 19
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
Wiesner, David, C, Dr., PhD

Mailing Address 106 172nd PI SE

City Bothell	State WA	Zip Code 98012-9184
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Psychologist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	29	/	2022

Transaction ID : A1BB07DE6389044E48D3

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	17497.00

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

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

FOR LINE NUMBER: PAGE 18 OF 19
(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. BEATTY FOR CONGRESS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 499 South Capitol St SW
 Suite 420
 City Washington State DC Zip Code 20003-4027
 FEC ID number of contributing federal political committee. **C** C00507368
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: 2021
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2022
Transaction ID : A9235AB3318B14C54A2A
 Amount of Each Receipt this Period
 2000.00
 Memo Item
 Refund of 12/16/2021 contribution

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

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

2000.00
 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 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.

A. Yang, Xiaozhao, Yousef, Dr,

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY
01 / 27 / 2022

Mailing Address 503 N 18th St

City Murray State KY Zip Code 42071-1700

Purpose of Disbursement Refund

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: C

Transaction ID : BF5BBBBCA

Amount of Each Disbursement this Period: 500.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	500.00