

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 Washington DC 20003-0441

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, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 / 01 / 2023 through 01 / 31 / 2023

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

Signature of Treasurer Phillips, Justin, , , [Electronically Filed] Date 02 / 13 / 2023

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="2023"/>		<input type="text" value="175145.92"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="175145.92"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="23652.66"/>	<input type="text" value="23652.66"/>
(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="198798.58"/>	<input type="text" value="198798.58"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6000.00"/>	<input type="text" value="6000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="192798.58"/>	<input type="text" value="192798.58"/>
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: 01 / 01 / 2023 To: 01 / 31 / 2023

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).....	19250.00	19250.00
(ii) Unitemized .....	4402.66	4402.66
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	23652.66	23652.66
(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) .....	23652.66	23652.66
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)).....▶	23652.66	23652.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	23652.66	23652.66

**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.....	6000.00	6000.00
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)) ..	6000.00	6000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6000.00	6000.00

**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) .....	23652.66	23652.66
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23652.66	23652.66
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"/> 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 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 16025 Jerald Rd  
 City Laurel State MD Zip Code 20707-2653  
 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 01 / 06 / 2023  
**Transaction ID : A1658BBD46BBC4C22804**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. McGuire, Katherine, , Ms .,**  
 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Psychological Association Occupation (for Individual) Chief Advocacy Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 07 / 2023  
**Transaction ID : A591F302EBFC94FAF9B6**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. 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) Retired Occupation (for Individual) Psychologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 01 / 07 / 2023  
**Transaction ID : AF115A211932441B9A1E**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<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 7 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. Kurylo, Monica, F, , PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8005 Hall St  
 City Lenexa State KS Zip Code 66219-1870  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State of Kansas, UKP Occupation (for Individual) Professor, Psychology Division Directo  
 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 / 07 / 2023  
**Transaction ID : AF55FA5F4A2394E279F5**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Berg, Gayle, Rockmore, Dr., 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 Occupation (for Individual) 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 / 07 / 2023  
**Transaction ID : A11ABEAD9FCDB4BC0976**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**c. 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 Occupation (for Individual) Health Service Psychology  
 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 / 07 / 2023  
**Transaction ID : A76E528D85D65455090B**  
 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: PAGE 8 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. Bonecutter, Bruce, Edward, Dr, PhD.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1135 N Elmwood Ave  
 City Oak Park State IL Zip Code 60302-1246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Pub Health Psychologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 07 / 2023  
**Transaction ID : A0FB4100A68434BF49C0**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Wiesner, David, C, Dr., PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 172nd PI SE  
 City Bothell State WA Zip Code 98012-9184  
 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 / 07 / 2023  
**Transaction ID : A184543FC6E2A41E6AF0**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Brown, Kathleen, Sitley, Dr., PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2743 1st St Apt 1105  
 City Fort Myers State FL Zip Code 33916-1869  
 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 01 / 08 / 2023  
**Transaction ID : A055EC0D389D448AF9F3**  
 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 9 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. Stoops, William, , Dr.,**  
 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  
 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 01 / 09 / 2023  
**Transaction ID : A4294BF02152F42DB9D3**  
 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 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 ▼ 500.00

Date of Receipt 01 / 10 / 2023  
**Transaction ID : AD25308651BC349C6AC0**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**c. Borgida, Eugene, , Dr., PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 75 E River Rd Dept OF  
 City Minneapolis State MN Zip Code 55455-0366  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Minnesota Occupation (for Individual) Professor of Psychology & Law  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 10 / 2023  
**Transaction ID : ABD10E26928584B7988E**  
 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 10 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. Douce, Louise, Ann, Dr., PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4707 Blue Church Rd  
 City Sunbury State OH Zip Code 43074-9519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Ohio State University, retired Occupation (for Individual) Psychologist, retird  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 10 / 2023  
**Transaction ID : A2B7754B3B94A4682AAD**  
 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 01 / 10 / 2023  
**Transaction ID : ACC1F458185EA4B54949**  
 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) Psychologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 10 / 2023  
**Transaction ID : A3D2FA3393DF641C4923**  
 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 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. Rohe, Dan, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 160 Salem Point Dr SW  
 City Rochester State MN Zip Code 55902-1334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Psychologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 10 / 2023  
**Transaction ID : A902587C3D0CB4604877**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Worrell, Frank, C, , PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address University of California School Ps  
 City Berkeley State CA Zip Code 94720-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of California, Berkeley Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 12 / 2023  
**Transaction ID : A54CD95C0A3114617BCD**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Kelly, Jennifer, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4093 Oberon Ct SE  
 City Smyrna State GA Zip Code 30080-5996  
 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 01 / 12 / 2023  
**Transaction ID : AD11761997EAC44909FE**  
 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 12 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. 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) UNCW Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 12 / 2023  
**Transaction ID : A42B2351342A94DF092C**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Lambert, Laura, E, ,**  
 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 Occupation (for Individual) Licensed Clinical Psychologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 12 / 2023  
**Transaction ID : A5F3CE052CAFB43DCB38**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Diaz-Granados, Jaime, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) American Psychological Assn Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 13 / 2023  
**Transaction ID : A8B3E493AF6064897880**  
 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. Parada, Anita, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 69 Camino De Viento  
 City Silver City State NM Zip Code 88061-8214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hidalgo Medical Services Community Hea Occupation (for Individual) clinical Neuropsychologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 15 / 2023  
**Transaction ID : A1A837D0C4A78416BB0D**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Lechuga, David, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13 Orchard Ste 103  
 City Lake Forest State CA Zip Code 92630-8321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NCCC Occupation (for Individual) Psychologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 17 / 2023  
**Transaction ID : A7FC37733B8004F31971**  
 Amount of Each Receipt this Period 500.00  
 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 Occupation (for Individual) Clinical Psychologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 17 / 2023  
**Transaction ID : A79CC3D74E1AE4123A62**  
 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 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. Bryant, Thema, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20935 Schoolcraft St  
 City Canoga Park State CA Zip Code 91303-2244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pepperdine University Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 17 / 2023  
**Transaction ID : A5B998BB27CCC41998EA**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. McCabe, Mary Ann, , Dr., PhD, ABPP**  
 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 ▼ 500.00

Date of Receipt 01 / 20 / 2023  
**Transaction ID : A71EC74DAC1CC4ACD859**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. GREENSPAN, BARNEY, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1302 E Green Haven St  
 City Meridian State ID Zip Code 83646-5935  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Independent Practice  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 20 / 2023  
**Transaction ID : AB777D935D3924421BCC**  
 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 15 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. 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 ▼ 500.00

Date of Receipt 01 / 22 / 2023  
**Transaction ID : A8D19D838ED4248CE9BE**  
 Amount of Each Receipt this Period 500.00  
 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) Executive Development Group Occupation (for Individual) Consulting Psychologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 23 / 2023  
**Transaction ID : A3A871B99678346DD9CB**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Hackman, Hollis, William, Dr, PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Wild Rose Ln  
 City Sheridan State WY Zip Code 82801-8639  
 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 01 / 24 / 2023  
**Transaction ID : A104AF13E1536418F8B0**  
 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 16 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. Davis, Rosie, Phillips, Dr, PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 409C Ball Hall

City Memphis	State TN	Zip Code 38152-3570
-----------------	-------------	------------------------

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

Name of Employer (for Individual) University of Memphis	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 / 2023

**Transaction ID : ACB54DF254FBF4D88B39**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 15 Hesketh St

City Chevy Chase	State MD	Zip Code 20815-4224
---------------------	-------------	------------------------

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

Name of Employer (for Individual) APA	Occupation (for Individual) Lawyer
------------------------------------------	---------------------------------------

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 / 25 / 2023

**Transaction ID : A90E393F52C924AB3AEA**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 2626 Brooklyn Ave SE

City Grand Rapids	State MI	Zip Code 49507-3937
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Mira Krishnan LLC	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 / 27 / 2023

**Transaction ID : A4B2A3768FD4E47E6A94**

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 17 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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Morris, Neal, Randall, Dr., EdD, MSCP

Mailing Address 4641 Montgomery Ave  
Ste 210

City Bethesda State MD Zip Code 20814-3427

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

Name of Employer (for Individual) Neal R. Morris, EdD, MSCP, DBSM ABPP-C Occupation (for Individual) Licensed Psychologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2023

**Transaction ID : A6E4EC198117B46D2AD0**

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  
MM / DD / YYYY

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  
MM / DD / YYYY

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).....	19250.00

**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.**

**A. PETE AGUILAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 499 South Capitol St SE  
Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Aguilar, Pete, , Rep.,**

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

State: CA District: 33

Date of Disbursement: 01 / 31 / 2023

FEC Identification Number: **C** C00510461  
**Transaction ID : B7EAF6B68D**  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**B. BOWMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 81 PONDFIELD RD., SUITE D 351

City BRONXVILLE State NY Zip Code 10708

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

Date of Disbursement: 01 / 31 / 2023

FEC Identification Number: **C** C00709196  
**Transaction ID : B862ECB9FF**  
Amount of Each Disbursement this Period: 1000.00

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  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: **C**

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	6000.00