

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 28
	<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)  
**NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC)**

<b>A.</b> Full Name (Last, First, Middle Initial) Carol Bickelman		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 2700 Campbell Road, NW		<b>Transaction ID:</b> SA11A1.5590
City State Zip Code Albuquerque NM 87104	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Youth & Family Centered Service	Occupation Divisional Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms Barbara Blevins		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 7
Mailing Address 3168 W. Gallaher Ferry Road		<b>Transaction ID:</b> SA11A1.5533
City State Zip Code Knoxville TN 37932	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Peninsula Behavioral Health	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Chris Boling		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 411 Estes Road		<b>Transaction ID:</b> SA11A1.5578
City State Zip Code Fordyce AR 71742	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Youth & Family Centered Service	Occupation Divisional Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)