

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAG)

ADDRESS (number and street) 701 13TH STREET NW SUITE 950
 Check if different than previously reported. (ACC)
WASHINGTON DC 20005

2. **FEC IDENTIFICATION NUMBER** C00107136
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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 04 01 2010 through 06 30 2010

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

Signature of Treasurer Electronically Filed by Mark Covall Date 07 13 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC)

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="2010"/>		47992.52
(b) Cash on Hand at Beginning of Reporting Period	45169.45	
(c) Total Receipts (from Line 19)	19986.18	22547.36
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	65155.63	70539.88
7. Total Disbursements (from Line 31)	20992.86	26377.11
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	44162.77	44162.77
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. 06/2004)

Write or Type Committee Name

NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC)

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	16700.00	18950.00
(ii) Unitemized	3275.00	3275.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	19975.00	22225.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	300.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	19975.00	22525.00
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.)	11.18	22.36
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 Transfer (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))	19986.18	22547.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19986.18	22547.36

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	492.86	877.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	492.86	877.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20500.00	25500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	20992.86	26377.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20992.86	26377.11

DETAILED SUMMARY PAGE
of Disbursements

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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)	19975.00	22525.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19975.00	22525.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	492.86	877.11
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	492.86	877.11

**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 / 25
	<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	

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)
NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC

A.	Full Name (Last, First, Middle Initial) Linda Barker		Date of Receipt MM / DD / YYYY 06 / 07 / 2010
	Mailing Address RR1 Box 135		Transaction ID: SA11AI.6383
	City Burkeville	State TX	Zip Code 75932
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Youth & Family Centered Svcs. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Administrator Aggregate Year-to-Date ▼ 250.00	CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) Mr. William Bonneau		Date of Receipt MM / DD / YYYY 06 / 07 / 2010
	Mailing Address 5008 Timothy Circle		Transaction ID: SA11AI.6384
	City Austin	State TX	Zip Code 78734
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Youth & Family Centered Svcs. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director Aggregate Year-to-Date ▼ 250.00	CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) ROBERT BOSWELL		Date of Receipt MM / DD / YYYY 05 / 25 / 2010
	Mailing Address 7309 S. 180 W		Transaction ID: SA11AI.6371
	City MIDVALE	State UT	Zip Code 84047
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer PIONEER BEHAVIORAL HEALTH Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation HOSPITAL MANAGER Aggregate Year-to-Date ▼ 250.00	CONTRIBUTION

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 7 / 25
	<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)

A.	Full Name (Last, First, Middle Initial) TIMOTHY F. BRADY	Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address 2020 NEWBURG ROAD	Transaction ID: SA11AI.6349
	City State Zip Code LOUISVILLE KY 40205	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation OUR LADY OF PEACE HOSPITAL ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Marina Cecchini	Date of Receipt MM / DD / YYYY 04 / 13 / 2010
	Mailing Address 4101 NW 89th Boulevard	Transaction ID: SA11AI.6342
	City State Zip Code Gainesville FL 32669	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation Shands Healthcare Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Mark Covall	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 900 17th Street, NW Suite 420	Transaction ID: SA11AI.6431
	City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation Nat'l Assoc of Psy Health Sys President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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 8 / 25
	<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)

A.	Full Name (Last, First, Middle Initial) Mr. Matt Crouch	Date of Receipt MM / DD / YYYY 05 / 06 / 2010
	Mailing Address 2075 Asgard Court	Transaction ID: SA11AI.6355
	City State Zip Code Atlanta GA 30345	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation Peachford Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Kenneth Crump	Date of Receipt MM / DD / YYYY 06 / 07 / 2010
	Mailing Address 984 Cambridge Avenue	Transaction ID: SA11AI.6407
	City State Zip Code Nixa MO 65714	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation Youth & Family Centered Service Divisional Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Robert E. Detor	Date of Receipt MM / DD / YYYY 06 / 17 / 2010
	Mailing Address 400 Sunrise Highway	Transaction ID: SA11AI.6428
	City State Zip Code Amityville NY 11701	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation South Oaks Hospital President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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 9 / 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC)

<p>A. Full Name (Last, First, Middle Initial) Len Dziubla</p> <p>Mailing Address 1744 N. Farwell Avenue</p> <p>City State Zip Code Milwaukee WI 53202</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Phoenix Care Systems, Inc CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 1 0</p> <p>Transaction ID: SA11AI.6343</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>CONTRIBUTION</p>
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<p>B. Full Name (Last, First, Middle Initial) Mercy Estevez</p> <p>Mailing Address 1911 S.W. 81 Way</p> <p>City State Zip Code Davie FL 33324</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Youth & Family Centered Svcs Administrator</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 1 0</p> <p>Transaction ID: SA11AI.6397</p> <p>Amount of Each Receipt this Period 300.00</p> <p>CONTRIBUTION</p>
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<p>C. Full Name (Last, First, Middle Initial) Joy Figarsky</p> <p>Mailing Address 8 Warblers Cove</p> <p>City State Zip Code Little Rock AR 72211</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Youth & Family Centered Servic Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 1 0</p> <p>Transaction ID: SA11AI.6389</p> <p>Amount of Each Receipt this Period 300.00</p> <p>CONTRIBUTION</p>
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SUBTOTAL of Receipts This Page (optional)	1600.00
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 / 25
	<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)

A.	Full Name (Last, First, Middle Initial) ALLEN FLAGG, JR.	Date of Receipt MM / DD / YYYY 05 / 25 / 2010
	Mailing Address 5605 GOLDEN LEAF AVENUE	Transaction ID: SA11AI.6365
	City State Zip Code LAS VEGAS NV 89122	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation PIONEER BEHAVIORAL HEALTH HOSPITAL MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) STANLEY FRANK	Date of Receipt MM / DD / YYYY 06 / 07 / 2010
	Mailing Address 1120 S. CAPITAL OF TEXAS HIGHWAY	Transaction ID: SA11AI.6416
	City State Zip Code AUSTIN TX 78746	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation YOUTH & FAMILY CENTERED SVCS ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Michele Gougeon	Date of Receipt MM / DD / YYYY 04 / 27 / 2010
	Mailing Address 115 Mill Street	Transaction ID: SA11AI.6351
	City State Zip Code Belmont MA 02478	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation McLean Hospital Hospital Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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 / 25

(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"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC

A.

Full Name (Last, First, Middle Initial)
Ms Lisa Herman

Mailing Address 6920 Silver Tree Drive

City Indianapolis State IN Zip Code 46236

FEC ID number of contributing federal political committee. C

Name of Employer Youth & Family Centered Svcs. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 07 / 2010

Transaction ID: SA11AI.6390

Amount of Each Receipt this Period 500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
Ms Lisa Herman

Mailing Address 6920 Silver Tree Drive

City Indianapolis State IN Zip Code 46236

FEC ID number of contributing federal political committee. C

Name of Employer Youth & Family Centered Svcs. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 06 / 07 / 2010

Transaction ID: SA11AI.6395

Amount of Each Receipt this Period 300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
PAUL HICKLING

Mailing Address 16137 CHURCHVIEW DRIVE

City LITHIA State FL Zip Code 33547

FEC ID number of contributing federal political committee. C

Name of Employer YOUTH & FAMILY CENTERED SVCS Occupation ADMINISTRATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 07 / 2010

Transaction ID: SA11AI.6402

Amount of Each Receipt this Period 300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 1100.00

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 / 25
	<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)

A.	Full Name (Last, First, Middle Initial) George Hurd	Date of Receipt MM / DD / YYYY 06 / 07 / 2010
	Mailing Address 18016 Forreston Oak Drive	Transaction ID: SA11AI.6399
	City State Zip Code Noblesville IN 46062	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer Youth Family & Centered Svcs.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) JIM IGO	Date of Receipt MM / DD / YYYY 06 / 10 / 2010
	Mailing Address 5100 N. BROOKLINE SUITE 925	Transaction ID: SA11AI.6380
	City State Zip Code OKLAHOMA CITY OK 73112	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer INTEGRIS HEALTH	Occupation ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Ms Bonnie Katz	Date of Receipt MM / DD / YYYY 04 / 08 / 2010
	Mailing Address 6501 N. Charles Street	Transaction ID: SA11AI.6339
	City State Zip Code Baltimore MD 21204	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer Sheppard Pratt Health System	Occupation Hospital Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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 13 / 25
(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"/> 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)
NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Lowell Keig

Mailing Address 5103 Ridgemoor

City State Zip Code
Austin TX 78731

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

Name of Employer Youth & Family Centered Svcs. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2010

Transaction ID: SA11AI.6385

Amount of Each Receipt this Period
400.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
SOON K. KIM

Mailing Address 4238 GREEN RIVER ROAD

City State Zip Code
CORONA CA 92882

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

Name of Employer SIGNATURE HEALTHCARE, LLC Occupation PRESIDENT & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2010

Transaction ID: SA11AI.6353

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
Dennis King

Mailing Address 16 High View Road

City State Zip Code
Freeport ME 04032

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

Name of Employer Spring Harbor Hospital Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
04 / 02 / 2010

Transaction ID: SA11AI.6341

Amount of Each Receipt this Period
300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1700.00**

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 / 25
	<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)

A.	Full Name (Last, First, Middle Initial) Anne Knapp		Date of Receipt
	Mailing Address 898 E. Main Street		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Greenwood	IN	46143
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Valle Vista Hospital		Occupation CFO	Transaction ID: SA11AI.6377
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) Ms. Mary L. Mastro		Date of Receipt
	Mailing Address 801 S Washington		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Naperville	IL	60540
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Linden Oaks Hospital		Occupation President	Transaction ID: SA11AI.6346
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) Mr. Mack Nunn		Date of Receipt
	Mailing Address 1514 Preston Avenue		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Austin	TX	78703
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Youth & Family Centered Svcs.		Occupation Director	Transaction ID: SA11AI.6386
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="750.00"/>
		<input type="text" value="750.00"/>	CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 / 25
	<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)
NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC)

A.	Full Name (Last, First, Middle Initial) Robert L Nykamp	Date of Receipt MM / DD / YYYY 04 / 15 / 2010
	Mailing Address P.O. Box 165	Transaction ID: SA11AI.6345
	City State Zip Code Grand Rapids MI 49501	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation Pine Rest Christian Mental Hea VP/COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. George Pery	Date of Receipt MM / DD / YYYY 05 / 25 / 2010
	Mailing Address 615 Churchill-Hubbard Road	Transaction ID: SA11AI.6373
	City State Zip Code Youngstown OH 44505	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation Belmont Pines CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mr. Robert Roca	Date of Receipt MM / DD / YYYY 06 / 07 / 2010
	Mailing Address 500 Club Lane	Transaction ID: SA11AI.6376
	City State Zip Code Baltimore MD 21286	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation Sheppard Pratt Health System Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

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: PAGE 16 / 25

(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"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC

A.

Full Name (Last, First, Middle Initial)
ROGER ROHALL

Mailing Address 3507 SALEM COVE LANE

City State Zip Code
MURFREESBORO TN 37128

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
YOUTH & FAMILY CENTERED SVCS ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 07 / 2010

Transaction ID: SA11AI.6414

Amount of Each Receipt this Period 250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
TOM ROURKE

Mailing Address 2026 W. UNIVERSITY DRIVE

City State Zip Code
DENTON TX 76201

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
ASCEND HEALTH CORPORATION VICE PRESIDENT FOR DEVELOPMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 21 / 2010

Transaction ID: SA11AI.6429

Amount of Each Receipt this Period 250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
R. RUNNELS

Mailing Address P.O. BOX 605

City State Zip Code
MAGEE MS 39111

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
YOUTH & FAMILY CENTERED SVCS ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 07 / 2010

Transaction ID: SA11AI.6423

Amount of Each Receipt this Period 250.00

CONTRIBUTION

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: PAGE 17 / 25

(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"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC)

A.

Full Name (Last, First, Middle Initial)
Richard Sarle

Mailing Address 252 Route 601

City State Zip Code
Belle Meade NJ 08558

FEC ID number of contributing federal political committee. C

Name of Employer Carrier Clinic Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.6340

Amount of Each Receipt this Period 250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
Mr. Warren B. Seiler, Jr.

Mailing Address 33 Inverness Circle

City State Zip Code
Little Rock AR 72212

FEC ID number of contributing federal political committee. C

Name of Employer Rivendell Behavioral Health Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.6406

Amount of Each Receipt this Period 300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
Steven S Sharfstein

Mailing Address 6501 North Charles Street

City State Zip Code
Baltimore MD 21204

FEC ID number of contributing federal political committee. C

Name of Employer Sheppard Pratt Health System Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.6357

Amount of Each Receipt this Period 250.00

CONTRIBUTION

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 18 / 25
(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC

A.

Full Name (Last, First, Middle Initial)
Bruce Shear

Mailing Address 200 Lake Street, # 102

City Peabody State MA Zip Code 01945

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

Name of Employer Pioneer Behavioral Health Occupation Health Care Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 25 / 2010

Transaction ID: SA11AI.6364

Amount of Each Receipt this Period 250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
Mr. Kevin Sheehan

Mailing Address 1809 Chalk Rock Cv.

City Austin State TX Zip Code 78735

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

Name of Employer Youth & Family Centered Service Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 07 / 2010

Transaction ID: SA11AI.6388

Amount of Each Receipt this Period 1500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
Edward Stack

Mailing Address 3100 West End Avenue Suite 1000

City Nashville State TN Zip Code 37203

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

Name of Employer Behavioral Centers of America Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 16 / 2010

Transaction ID: SA11AI.6344

Amount of Each Receipt this Period 500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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 19 / 25
	<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)

A.	Full Name (Last, First, Middle Initial) Blair Stam		Date of Receipt
	Mailing Address 4238 Green River Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Corona	CA	92880
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6352
Name of Employer Signature Healthcare Services		Occupation Executive VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) DOUGLAS STRUYK		Date of Receipt
	Mailing Address 301 SICOMAC AVENUE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	WYCKOFF	NJ	07481
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6426
Name of Employer CHRISTIAN HEALTH CARE CENTER		Occupation PRESIDENT & CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) CAROL SZPAK		Date of Receipt
	Mailing Address 900 17TH STREET, NW SUITE 420		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	WASHINGTON	DC	20006
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6432
Name of Employer NAPHS		Occupation DIRECTOR OF COMMUNICATIONS & OPERATION	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1050.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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 20 / 25
	<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

A.	Full Name (Last, First, Middle Initial) CAROLYN TINGLE		Date of Receipt
	Mailing Address 9 OAK CIRCLE		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	WHITFIELD	MS	39193
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer YOUTH & FAMILY CENTERED SVCS		Occupation ADMINISTRATOR	Transaction ID: SA11AI.6420
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
CONTRIBUTION			

B.	Full Name (Last, First, Middle Initial) Ingrid Whipple		Date of Receipt
	Mailing Address 5900 West Rochelle		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Las Vegas	NV	89103
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Montevista Hospital		Occupation CEO	Transaction ID: SA11AI.6382
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
CONTRIBUTION			

C.	Full Name (Last, First, Middle Initial) Mr. Matthew Wiltshire		Date of Receipt
	Mailing Address 1525 Morning Glory Circle		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Tupelo	MS	38801
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Youth & Family Centered Svcs		Occupation Administrator	Transaction ID: SA11AI.6422
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>	<input type="text" value="300.00"/>
CONTRIBUTION			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="800.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="16700.00"/>

**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)

PAGE 21 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)

NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC

A.	Full Name (Last, First, Middle Initial) Wachovia National Bank <hr/> Mailing Address PO Box 563966 <hr/> City Charlotte State NC Zip Code 28262-3966 <hr/> Purpose of Disbursement SERVICE FEES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6465 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 1 0	Amount of Each Disbursement this Period 218.25
B.	Full Name (Last, First, Middle Initial) Wachovia National Bank <hr/> Mailing Address PO Box 563966 <hr/> City Charlotte State NC Zip Code 28262-3966 <hr/> Purpose of Disbursement SERVICE FEES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6467 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 1 0	Amount of Each Disbursement this Period 184.83
C.	Full Name (Last, First, Middle Initial) Wachovia National Bank <hr/> Mailing Address PO Box 563966 <hr/> City Charlotte State NC Zip Code 28262-3966 <hr/> Purpose of Disbursement SERVICE FEES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6470 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 1 0	Amount of Each Disbursement this Period 89.78

SUBTOTAL of Disbursements This Page (optional) ►

492.86

TOTAL This Period (last page this line number only) ►

492.86

**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"/> 24	<input type="checkbox"/> 25	<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)

NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC

Full Name (Last, First, Middle Initial)

A. AMERIPAC: THE FUND FOR A GREATER AMERICA

Mailing Address 499 S. CAPITOL ST. S.W. #414

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
DISBURSEMENT - Dinner to honor Steny Hoyer

Candidate Name

011
Category/
Type

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

State: District:

Transaction ID: SB23.6455

Date of Disbursement

06 / 23 / 2010

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. CITIZENS FOR ALTMIRE

Mailing Address P.O. Box 1776

City Freedom State PA Zip Code 15042

Purpose of Disbursement
DISBURSEMENT

Candidate Name
JASON ALTMIRE

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: PA District: 04

Transaction ID: SB23.6439

Date of Disbursement

06 / 09 / 2010

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. DAVE CAMP FOR CONGRESS 2008

Mailing Address 5915 EASTMAN AVE. SUITE 100
5915 EASTMAN AVE. SUITE 100

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement
DISBURSEMENT

Candidate Name
DAVID LEE CAMP

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: MI District: 04

Transaction ID: SB23.6438

Date of Disbursement

04 / 28 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

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)

PAGE 23 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)

NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC)

A.	Full Name (Last, First, Middle Initial) Friends of Kent Conrad <hr/> Mailing Address 420 C Street, NE Lower Level PO Box 65314 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement DISBURSEMENT Candidate Name KENT CONRAD <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6454 Date of Disbursement 06 / 21 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE INC <hr/> Mailing Address PO BOX 1000 <hr/> City DES MOINES State IA Zip Code 50304 <hr/> Purpose of Disbursement DISBURSEMENT Candidate Name CHARLES E GRASSLEY <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6453 Date of Disbursement 06 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 2000.00	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS <hr/> Mailing Address 5429 Madison Avenue <hr/> City Sacramento State CA Zip Code 95841 <hr/> Purpose of Disbursement DISBURSEMENT Candidate Name MIKE MR. THOMPSON <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6444 Date of Disbursement 05 / 12 / 2010 <hr/> Amount of Each Disbursement this Period 1500.00	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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"/> 24	<input type="checkbox"/> 25	<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)

NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC)

A.	Full Name (Last, First, Middle Initial) MURPHY FOR CONGRESS	Transaction ID: SB23.6436
	Mailing Address GULA GRAHAM GROUP, 700 12TH ST, NW SUITE 700	Date of Disbursement MM / DD / YYYY 04 / 27 / 2010
	City State Zip Code WASHINGTON DC 20005	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement DISBURSEMENT Candidate Name TIM MURPHY	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS	Transaction ID: SB23.6473
	Mailing Address PO Box 3176	Date of Disbursement MM / DD / YYYY 05 / 27 / 2010
	City State Zip Code Long Branch NJ 07740	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement DISBURSEMENT Candidate Name FRANK JR PALLONE	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) PAUL TONKO FOR CONGRESS	Transaction ID: SB23.6437
	Mailing Address 911 Central Avenue PO Box 221	Date of Disbursement MM / DD / YYYY 04 / 26 / 2010
	City State Zip Code Albany NY 12206	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement DISBURSEMENT Candidate Name PAUL DAVID TONKO	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 21	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)

NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC

A.

Full Name (Last, First, Middle Initial)
STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement
DISBURSEMENT

Candidate Name
DEBBIE STABENOW

Office Sought: House
 Senate
 President

State: MI District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.6440

Date of Disbursement

05 / 12 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

20500.00