07/13/2010 11:40

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FEC FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC 701 13TH STREET NW SUITE 950 ADDRESS (number and street) Check if different than previously WASHINGTON DC 20005 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00107136 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 Χ PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 04 0 1 2010 06 3 0 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mark Covall Type or Print Name of Treasurer Electronically Filed by Mark Covall 07 13 2010 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2 / 25

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

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

	Report Covering the Period: From:	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2010 Y Y Y		47992.52
	(b) Cash on Hand at Begining 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	

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) 3 / 25

Write or Type Committee Name

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

Report Covering the Period:

From:

м м 0 4 D D 0 1

2010

Γο:

м м

^D 3 0

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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)(d) Total Contributions (add Lines	0.00	300.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	19975.00	22525.00
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	11.18	22.36
. 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
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	19986.18	22547.36
. Total Federal Receipts (subtract Line 18(c) from Line 19)	19986.18	22547.36

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 25

	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)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	492.86	877.11
	Expenditures(c) Total Operating Expenditures		5,7.11
	(add 21(a)(i), (a)(ii) and (b))	492.86	877.11
2.	Transfers to Affiliated/Other Party	0.00	0.00
3.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	20500.00	25500.00
4.	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
8.	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)(d) Total Contribution Refunds	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
_		000	0.00
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.00
	·	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	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	20992.86	26377.11
2.	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

	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

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for ea	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 6 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16 17
<i>A</i>	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be se name and address of a	old or used by any perso any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
2	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF PSYCAPHS/PAC	CHIATRIC HEALTH S	SYSTEMS POLITICA	L ACTION COMMITTEE (N-
Α.	Full Name (Last, First, Middle Initial) Linda Barker	Date of Receipt		
	Mailing Address RR1 Box 135	Olala 7'a	0 - 1 -	06 07 2010
	City Burkeville	State Zip (Code 32	Transaction ID: SA11AI.6383 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Youth & Family Centered Svcs	Occupation Administrator		CONTRIBUTION
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 250.00	
_ 3.	Full Name (Last, First, Middle Initial) Mr. William Bonneau	Date of Receipt		
	Mailing Address 5008 Timothy Circle	06 07 2010		
	City	Code	Transaction ID: SA11AI.6384	
	Austin TX FEC ID number of contributing federal political committee.		34	Amount of Each Receipt this Period 250.00
	Name of Employer Youth & Family Centered Svcs.	Occupation Director		CONTRIBUTION
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 250.00	
_ >.	Full Name (Last, First, Middle Initial) ROBERT BOSWELL			Date of Receipt
	Mailing Address 7309 S. 180 W			05 25 2010
	City MIDVALE	State Zip 0	Code 47	Transaction ID: SA11AI.6371 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1	250.00
	Name of Employer PIONEER BEHAVIORAL HEALTH	CONTRIBUTION		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 250.00	
				750.00

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16 16
or for commercial purposes, other than us NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF F	and Statements may not be sold or used by any person ing the name and address of any political committee to PSYCHIATRIC HEALTH SYSTEMS POLITICAL	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) TIMOTHY F. BRADY Mailing Address 2020 NEWBURG	S ROAD	Date of Receipt
City	State Zip Code	0 4 2 3 2 0 1 0 Transaction ID: SA11Al.6349
LOUISVILLE FEC ID number of contributing federal political committee.	KY 40205	Amount of Each Receipt this Period 250.00
Name of Employer OUR LADY OF PEACE	Occupation HOSPITAL ADMINISTRATOR	CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Marina Cecchini Mailing Address 4101 NW 89th B	oulevard	Date of Receipt
City	State Zip Code	0 4 1 3 2 0 1 0 Transaction ID: SA11AI.6342
Gainesville	FL 32669	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00 CONTRIBUTION
Name of Employer Shands Healthcare	Occupation Administrator	CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mark Covall		Date of Receipt
Mailing Address 900 17th Street, Suite 420	NW	0 6 2 5 2 0 1 0
City	State Zip Code	Transaction ID: SA11Al.6431
Washington FEC ID number of contributing federal political committee.	DC 20006	Amount of Each Receipt this Period 500.00
Name of Employer Nat'l Assoc of Psy Health Sys	Occupation President/CEO	CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optic	onal)	1250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF PSYCAPHS/PAC	AL ACTION COMMITTEE (N-		
A.	Full Name (Last, First, Middle Initial) Mr. Matt Crouch			Date of Receipt
	Mailing Address 2075 Asgard Court			05 06 7 2010
	City Atlanta	State GA	Zip Code 30345	Transaction ID: SA11AI.6355 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30043	250.00
	Name of Employer Peachford Hospital	Occupation	on	CONTRIBUTION
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- В.	Full Name (Last, First, Middle Initial) Kenneth Crump	Date of Receipt		
	Mailing Address 984 Cambridge Aven	06 07 2010		
	City	State	Zip Code	Transaction ID: SA11AI.6407
	Nixa FEC ID number of contributing federal political committee.	MO C	65714	Amount of Each Receipt this Period 300.00
	Name of Employer Youth & Family Centered Servic	Occupation Divisiona	on al Manager	CONTRIBUTION
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
С. С.	Full Name (Last, First, Middle Initial) Robert E. Detor			Date of Receipt
	Mailing Address 400 Sunrise Highway			0 6 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.6428
	Amityville FEC ID number of contributing federal political committee.	C	11701	Amount of Each Receipt this Period 250.00
	Name of Employer South Oaks Hospital President & CEO			CONTRIBUTION
	Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			800.00
	TOTAL This Period (last page this line numbe		<u> </u>	

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16
or for comm	ercial purposes, other than using the FCOMMITTEE (In Full)	e name and ado	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
/ APHS/F	NAL ASSOCIATION OF PSYC PAC ne (Last, First, Middle Initial)	CHIATRIC HE	EALTH SYSTEMS POLITICA	L ACTION COMMITTEE (N-
Len Dziul	,	ue		Date of Receipt 0 4 1 6 2 0 1 0
City Milwaul	kee	State WI	Zip Code 53202	Transaction ID: SA11AI.6343 Amount of Each Receipt this Period
	number of contributing olitical committee.	C		1000.00
	Employer Care Systems, Inc	Occupatio CEO	n	CONTRIBUTION
	For: mary General ner (specify) ♥	Aggregate	e Year-to-Date ▼ 1000.00	
Mercy Es				Date of Receipt
Mailing A	address 1911 S.W. 81 Way	06 07 2010		
City		State	Zip Code	Transaction ID: SA11AI.6397
<u>Davie</u>		<u>FL</u>	Amount of Each Receipt this Period	
FEC ID r federal p	number of contributing olitical committee.	C		300.00 CONTRIBUTION
Svcs	Employer Family Centered	Occupatio Administ	rator	— CONTRIBUTION
	-or: mary General ner (specify) ♥	Aggregate	e Year-to-Date ▼ 300.00	
Full Nam Joy Figar	e (Last, First, Middle Initial) sky	Date of Receipt		
	ddress 8 Warblers Cove	06 / 07 / 4 4 4 4		
City Little R	nck	State AR	Zip Code 72211	Transaction ID: SA11AI.6389 Amount of Each Receipt this Period
FEC ID r	number of contributing olitical committee.	C	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	300.00
<u>Servic</u>	Employer Family Centered	Occupatio Director		— CONTRIBUTION
	For: mary ☐ General ner (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
SUBTOTA	L of Receipts This Page (optional) .	<u> </u>	_	1600.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 25 (check only one) X 11a
Ai	ny information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF PSYCIAPHS/PAC	HIATRIC HE	EALTH SYSTEMS POLITICA	AL ACTION COMMITTEE (N-
A.	Full Name (Last, First, Middle Initial) ALLEN FLAGG, JR.			Date of Receipt
	Mailing Address 5605 GOLDEN LEAF	05 25 2010		
	City LAS VEGAS	State NV	Zip Code 89122	Transaction ID: SA11AI.6365 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer PIONEER BEHAVIORAL HEALTH	Occupatio	n AL MANAGER	CONTRIBUTION
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) STANLEY FRANK			Date of Receipt
	Mailing Address 1120 S. CAPITAL OF	0 6 0 7 2 0 1 0		
	City	Transaction ID: SA11AI.6416		
	AUSTIN	TX	78746	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00 CONTRIBUTION
	Name of Employer YOUTH & FAMILY CENTERED SVCS		STRATOR	CONTRIBUTION
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00]
 С.	Full Name (Last, First, Middle Initial) Michele Gougeon			Date of Receipt
	Mailing Address 115 Mill Street	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11AI.6351
	Belmont FEC ID number of contributing federal political committee.	C	02478	Amount of Each Receipt this Period 250.00
	Name of Employer McLean Hospital	Occupatio Hospital	n Executive	CONTRIBUTION
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
	BUBTOTAL of Receipts This Page (optional)			800.00
	OTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 25 (check only one) X 11a	
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF P	and Statements may not be sold or used by any pers g the name and address of any political committee to SYCHIATRIC HEALTH SYSTEMS POLITICA	o solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Ms Lisa Herman Mailing Address 6920 Silver Tree I City Indianapolis FEC ID number of contributing federal political committee. Name of Employer Youth & Family Centered Svcs.	State Zip Code IN 46236 C Occupation Director	Date of Receipt M M D D Z D Y Y Y Y Y Y Y Y Y	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) Ms Lisa Herman Mailing Address 6920 Silver Tree [City	Orive State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Indianapolis FEC ID number of contributing federal political committee.	IN 46236	Amount of Each Receipt this Period 300.00	
Name of Employer Youth & Family Centered Svcs. Receipt For: Primary General Other (specify) ▼	Occupation Director Aggregate Year-to-Date ▼ 800.00	CONTRIBUTION	
Full Name (Last, First, Middle Initial) PAUL HICKLING Mailing Address 16137 CHURCHV	PAUL HICKLING		
City LITHIA	State Zip Code FL 33547	Transaction ID: SA11AI.6402 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. Name of Employer YOUTH & FAMILY CENTERED	Occupation ADMINISTRATOR	CONTRIBUTION 300.00	
SVCS Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
SUBTOTAL of Receipts This Page (option	nal)	1100.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 25 (check only one) X		
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF PS	the name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
APHS/PAC Full Name (Last, First, Middle Initial) George Hurd			Date of Receipt		
City 18016 Forreston O	Mailing Address 18016 Forreston Oak Drive City State Zip Code				
Noblesville FEC ID number of contributing	IN C	46062	Transaction ID: SA11AI.6399 Amount of Each Receipt this Period 300.00		
federal political committee. Name of Employer Youth Family & Centered	Occupation	1	CONTRIBUTION		
Youth Family & Centered Svcs. Receipt For: Primary General Other (specify) ▼	Director	Year-to-Date ▼ 300.00			
Full Name (Last, First, Middle Initial) JIM IGO Mailing Address 5100 N. BROOKLII	Date of Receipt				
SUITE 925	0 6 1 0 2 0 1 0 Transaction ID: SA11AI.6380				
OKLAHOMA CITY	State OK	Zip Code 73112	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer INTEGRIS HEALTH	Occupation ADMINIS		CONTRIBUTION		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Ms Bonnie Katz			Date of Receipt		
Mailing Address 6501 N. Charles St	0 4 0 8 2 0 1 0				
City	State	Zip Code	Transaction ID: SA11AI.6339		
Baltimore FEC ID number of contributing federal political committee.	C	21204	Amount of Each Receipt this Period 250.00		
Name of Employer Sheppard Pratt Health Sys- tem		Administrator	CONTRIBUTION		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optional	al)		800.00		

	LE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 25 (check only one) X
or for commer NAME OF NATIONA	cial purposes, other than using the COMMITTEE (In Full) AL ASSOCIATION OF PSYC	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee. AL ACTION COMMITTEE (N-
Mr. Lowell Mailing Add City Austin FEC ID nu federal poli	(Last, First, Middle Initial) Keig dress 5103 Ridgemoor mber of contributing tical committee.	State TX C	Zip Code 78731	Date of Receipt M M M D D D 2 2 0 1 0 Transaction ID: SA11AI.6385 Amount of Each Receipt this Period 400.00 CONTRIBUTION
Svcs. Receipt Fo Prima Othe	ary	Director	e Year-to-Date ▼ 400.00	
SOON K. K	(Last, First, Middle Initial) IM dress 4238 GREEN RIVER I	ROAD		Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.6353
CORONA	1	CA	92882	Amount of Each Receipt this Period
federal poli	mber of contributing tical committee.	С		1000.00 CONTRIBUTION
Name of E SIGNATU	mployer RE HEALTHCARE, LLC	Occupatio PRESIDI	n ENT & CEO	
Receipt Fo Prima Othe		Aggregate	e Year-to-Date ▼ 1000.00	
Dennis King		Date of Receipt		
Mailing Add	dress 16 High View Road	04 02 4 2010		
City		State	Zip Code	Transaction ID: SA11AI.6341
	mber of contributing tical committee.	ME C	04032	Amount of Each Receipt this Period 300.00
Name of E Spring Har	mployer bor Hospital	CONTRIBUTION		
Receipt Fo Prima Othe		Aggregate	e Year-to-Date ▼ 300.00	
SUBTOTAL	of Receipts This Page (optional)	1		1700.00

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF F	and Statements may not be sold or used by any pers ng the name and address of any political committee to PSYCHIATRIC HEALTH SYSTEMS POLITICA	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Anne Knapp Mailing Address 898 E. Main Stree City Greenwood FEC ID number of contributing federal political committee. Name of Employer Valle Vista Hospital Receipt For: Primary General	State Zip Code IN 46143 C Occupation CFO Aggregate Year-to-Date	Date of Receipt M M M D D D 2 2 0 1 0 Transaction ID: SA11AI.6377 Amount of Each Receipt this Period 250.00 CONTRIBUTION
Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Mary L. Mastro Mailing Address 801 S Washingto	250.00 on	Date of Receipt
City Naperville FEC ID number of contributing federal political committee. Name of Employer Linden Oaks Hospital	State Zip Code IL 60540 C Occupation President	Transaction ID: SA11AI.6346 Amount of Each Receipt this Period 500.00 CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Mack Nunn Mailing Address 1514 Preston Ave	enue State Zip Code	Date of Receipt M
Austin FEC ID number of contributing federal political committee.	TX 78703	Amount of Each Receipt this Period 750.00
Name of Employer Youth & Family Centered Svcs. Receipt For: Primary General Other (specify) ▼	Occupation Director Aggregate Year-to-Date 750.00	CONTRIBUTION
SUBTOTAL of Receipts This Page (optic	onal)	1500.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 25 (check only one) X 11a
\ \ \	ny information copied from such Reports and r for commercial purposes, other than using t	he name and ad	dress of any political committee to	o solicit contributions from such committee.
/	NATIONAL ASSOCIATION OF PSY APHS/PAC	CHIATRIC HE	EALTH SYSTEMS POLITICA	AL ACTION COMMITTEE (N-
	Full Name (Last, First, Middle Initial) Robert L Nykamp			Date of Receipt
	Mailing Address P.O. Box 165			04 15 2010
	City Grand Rapids	State MI	Zip Code 49501	Transaction ID: SA11AI.6345 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	49301	250.00
	Name of Employer Pine Rest Christian Mental	Occupation VP/COO		CONTRIBUTION
	Hea Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Mr. George Perry			Date of Receipt
	Mailing Address 615 Churchill-Hubba	rd Road		05 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.6373
	Youngstown	OH	44505	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Belmont Pines	Occupatio CEO	n	CONTRIBUTION
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
_	Full Name (Last, First, Middle Initial) Mr. Robert Roca			Date of Receipt
	Mailing Address 500 Club Lane			0 6 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11Al.6376
	Baltimore	MD	21286	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Sheppard Pratt Health Sys- tem	Occupation Manager		CONTRIBUTION
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		750.00

or t	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF PSYCH APHS/PAC	tatements may name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions
<u> </u>	NATIONAL ASSOCIATION OF PSYCI		, , , , , , , , , , , , , , , , , , ,	Solicit contributions from such committee.
A.		HIATRIC HE	ALTH SYSTEMS POLITICA	L ACTION COMMITTEE (N-
	Full Name (Last, First, Middle Initial) ROGER ROHALL Mailing Address 3507 SALEM COVE LA	ANI		Date of Receipt
				06 07 2010
	City MURFREESBORO	State TN	Zip Code 37128	Transaction ID: SA11AI.6414 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	3/120	250.00
	Name of Employer YOUTH & FAMILY CENTERED SVCS	Occupation ADMINIS		CONTRIBUTION
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) TOM ROURKE	l		Date of Receipt
	Mailing Address 2026 W. UNIVERSITY	DRIVE		06 21 2010
	City	State	Zip Code	Transaction ID: SA11Al.6429
	DENTON FEO. ID acceptance of a contribution.	TX	76201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00 CONTRIBUTION
	Name of Employer ASCEND HEALTH CORPORATION	Occupation VICE PRE	ı ESIDENT FOR DEVELOPM	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
 >.	Full Name (Last, First, Middle Initial) R. RUNNELS			Date of Receipt
	Mailing Address P.O. BOX 605			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City MAGEE	State MS	Zip Code 39111	Transaction ID: SA11AI.6423 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	33111	250.00
	Name of Employer YOUTH & FAMILY CENTERED SVCS	Occupation ADMINIS	TRATOR	CONTRIBUTION
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SI	JBTOTAL of Receipts This Page (optional)	1		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 25 (check only one) X 11a
or 1	y information copied from such Reports and Si for commercial purposes, other than using the NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF PSYCH APHS/PAC	name and add	ress of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Richard Sarle Mailing Address 252 Route 601 City Belle Meade FEC ID number of contributing federal political committee. Name of Employer Carrier Clinic Receipt For: Primary General Other (specify)	State NJ C Occupation President Aggregate		Date of Receipt M M M O 8 2 0 1 0 Transaction ID: SA11AI.6340 Amount of Each Receipt this Period 250.00 CONTRIBUTION
3.	Full Name (Last, First, Middle Initial) Mr. Warren B. Seiler, Jr. Mailing Address 33 Inverness Circle City Little Rock FEC ID number of contributing federal political committee. Name of Employer Rivendell Behavioral Health Receipt For: Primary General Other (specify)	State AR C Occupation Manager Aggregate	Zip Code 72212 Year-to-Date ▼ 300.00	Date of Receipt M M M O O O O O O O O O O O O O O O O
	Full Name (Last, First, Middle Initial) Steven S Sharfstein Mailing Address 6501 North Charles Str City Baltimore FEC ID number of contributing federal political committee. Name of Employer Sheppard Pratt Health System Receipt For: Primary General Other (specify)	State MD C Occupation President		Date of Receipt M M D D 2 0 1 0 Transaction ID: SA11AI.6357 Amount of Each Receipt this Period 250.00 CONTRIBUTION
SI	UBTOTAL of Receipts This Page (optional))	800.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 25 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF PSY	d Statements may not be sold or used by any person the name and address of any political committee to CHIATRIC HEALTH SYSTEMS POLITICA	o solicit contributions from such committee.
APHS/PAC Full Name (Last, First, Middle Initial) Bruce Shear Mailing Address 200 Lake Street, # 1 City Peabody FEC ID number of contributing federal political committee.	O2 State Zip Code MA 01945 C	Date of Receipt M M
Name of Employer Pioneer Behavioral Health Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Health Care Executive Aggregate Year-to-Date 250.00	CONTRIBUTION
Full Name (Last, First, Middle Initial) Mr. Kevin Sheehan Mailing Address 1809 Chalk Rock Co	<i>I</i> .	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Austin FEC ID number of contributing federal political committee. Name of Employer Youth & Family Centered Servic	State Zip Code TX 78735 C Occupation President/CEO	Transaction ID: SA11AI.6388 Amount of Each Receipt this Period 1500.00 CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Edward Stack Mailing Address 3100 West End Ave Suite 1000 City	nue State Zip Code	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nashville FEC ID number of contributing federal political committee.	TN 37203	Amount of Each Receipt this Period 500.00
Name of Employer Behavioral Centers of America Receipt For: Primary General Other (specify)	Occupation President & CEO Aggregate Year-to-Date 500.00	CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)	2250.00

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 25 (check only one) X
		Statements may ne name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
\	OMMITTEE (In Full) ASSOCIATION OF PSY(CHIATRIC HE	EALTH SYSTEMS POLITICA	L ACTION COMMITTEE (N-
Blair Stam `	ast, First, Middle Initial)			Date of Receipt
	ess 4238 Green River Ro			04 28 2010
City		State	Zip Code	Transaction ID: SA11AI.6352
	per of contributing	CA	92880	Amount of Each Receipt this Period 500.00
rederai politic	al committee.			CONTRIBUTION
Name of Emp Signature He ices	oloyer althcare Serv-	Occupation Executive		CONTRIBUTION
Receipt For:		Aggregate	e Year-to-Date ▼	
Other (y General specify) ▼		500.00	
Full Name (L	ast, First, Middle Initial) FRUYK			Date of Receipt
Mailing Addre	ess 301 SICOMAC AVEN	NUE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11Al.6426
WYCKOFF		NJ	07481	Amount of Each Receipt this Period
	per of contributing all committee.	C		250.00
Name of Emp CHRISTIAN TER	oloyer HEALTH CARE CEN-	Occupation PRESIDE	n ENT & CEO	CONTRIBUTION
Receipt For:		Aggregate	Year-to-Date V	
Primary Other (y General specify) ▼		250.00	
Full Name (L CAROL SZPA	ast, First, Middle Initial)			Date of Receipt
Mailing Addre	ess 900 17TH STREET, I SUITE 420	NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11Al.6432
WASHING		DC	20006	Amount of Each Receipt this Period
	per of contributing al committee.	C		300.00
Name of Emp NAPHS	oloyer	Occupation DIRECTO	n OR OF COMMUNICATIONS	CONTRIBUTION & OPERATION
Receipt For:		Aggregate	Year-to-Date ▼	
Primary Other (y General specify) ▼		300.00	
				1050.00

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 (IN-APHS/PAC) Full Name (Last, First, Middle Initial) CAROLYN TINGLE Mailing Address 9 OAK CIRCLE City Office of Period FEC ID number of contributing federal political committee. Name of Employer Primary Other (specify) ▼ State Zip Code Anount of Each Receipt this Period City State Zip Code Date of Receipt Mailing Address 5900 West Rochelle City State Zip Code Now 89103 FEC ID number of contributing federal political committee. City State Zip Code Mailing Address 5900 West Rochelle City State Zip Code Now 89103 FEC ID number of contributing federal political committee. City State Zip Code Now 89103 FEC ID number of contributing federal political committee. City State Zip Code Now 89103 FEC ID number of contributing federal political committee. City State Zip Code Now 89103 FEC ID number of contributing federal political committee. City State Zip Code Now 89103 FEC ID number of contributing federal political committee. City State Zip Code Now 89103 FEC ID number of contributing federal political committee. City State Zip Code Now 89103 FEC ID number of contributing federal political committee. City State Zip Code Now 89103 FEC ID number of contributing federal political committee. City State Zip Code Now 89103 FEC ID number of contributing federal political committee. Date of Receipt Tansaction ID: SA11AI.6382 Amount of Each Receipt this Period CONTRIBUTION CONTRIBUTION Date of Receipt Date of Rece	SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the	FOR LINE NUMBER: PAGE 20 / 25 (check only one)
NAME OF COMMITTEE (in Full) NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS)PAC Full Name (Last, First, Middle Initial) CARDCHYN TRIGLE Mailing Address 9 OAK CIRCLE City State Zip Code WHITTELD MS 39193 FEC ID number of contributing federal political committee. Cocupation ADMINISTRATOR Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ingrid Whipple Mailing Address 5900 West Rochelle City State Zip Code NV 89103 FEC ID number of contributing federal political committee. City State Zip Code NV 89103 FEC ID number of contributing federal political committee. City State Zip Code NV 89103 FEC ID number of contributing federal political committee. City State Zip Code NV 89103 FEC ID number of contributing federal political committee. City State Zip Code North (Specify) ▼ Cocupation CHO Other (specify) ▼ Cocupation CHO Other (specify) ▼ Cocupation CHO Other (specify) ▼ Cocupation CHO City State Zip Code North (Specify) ▼ Date of Receipt Times Period CEO CONTRIBUTION		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (in Full) NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS)FAG. Full Name (Last, First, Middle Initial) CARDILYN TRIGLE Mailing Address 9 OAK CIRCLE City State Zip Code WHITFIELD MS 39193 FEC ID number of contributing federal political committee. C Cocupation ADMINISTRATOR Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ingrid Whisple Mailing Address 5900 West Rochelle City State Zip Code NV 89103 FEC ID number of contributing federal political committee. C C CONTRIBUTION Date of Receipt Tons ADMINISTRATOR Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ CED CONTRIBUTION Date of Receipt Tons Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ CED CONTRIBUTION Date of Receipt Tons Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ CED CONTRIBUTION Date of Receipt Tons Aggregate Year-to-Date ▼ Date of Receipt Tons Aggregate Year-to-Date ▼ Transaction ID: SA11AL 63422 Amount of Each Receipt this Period CED CONTRIBUTION	Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
CACLYN TINGLE Mailing Address 9 OAK CIRCLE City WHITFIELD MS 39193 FEC ID number of contributing federal political committee. Vanne of Employer Nother Associated in the State Sta	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF PSY		
Mailing Address 9 OAK CIRCLE			Date of Receipt
WHITFIELD	Mailing Address 9 OAK CIRCLE		M M / D D / Y Y Y Y
EEC ID number of contributing federal political committee. C	•	•	
Name of Employer Aggregate Year-to-Date Name of Employer		MS 39193	Amount of Each Receipt this Period
Cocupation Cecopation Ce		C	
Receipt For:	Name of Employer YOUTH & FAMILY CENTERED SVCS	· ·	CONTRIBUTION
Cother (specify) ▼ Pull Name (Last, First, Middle Initial) Date of Receipt	Receipt For:	Aggregate Year-to-Date ▼	
Date of Receipt M M	_ · _	250.00	
Mailing Address 5900 West Rochelle City			Date of Possint
Las Vegas NV 89103			M M / D D / Y Y Y Y
Tull Name (Last, First, Middle Initial) Mr. Matthew Wiltshire Mailing Address 1525 Morning Glory Circle City Tupelo FEC ID number of contributing federal political committee. Name of Employer Montevista Hospital CEO Receipt For: Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 1525 Morning Glory Circle City Tupelo State C State C C CONTRIBUTION Administrator Administrator Administrator Adgregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ CONTRIBUTION CONTRIBUTION	City	State Zip Code	Transaction ID: SA11Al.6382
Name of Employer Montevista Hospital	Las Vegas	NV 89103	Amount of Each Receipt this Period
Name of Employer Montevista Hospital Receipt For: Primary General Other (specify) ▼ Page 250.00 Full Name (Last, First, Middle Initial) Mr. Matthew Wiltshire Mailing Address 1525 Morning Glory Circle City State Zip Code MS 38801 FEC ID number of contributing federal political committee. Name of Employer Youth & Family Centered Svcs. Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼		C	
Receipt For: Primary	Name of Employer Montevista Hospital		CONTRIBUTION
Other (specify) ▼ Pull Name (Last, First, Middle Initial) Mr. Matthew Wiltshire Mailing Address 1525 Morning Glory Circle	Receipt For:	Aggregate Year-to-Date ▼	
Mr. Matthew Wiltshire Mailing Address 1525 Morning Glory Circle City State Zip Code Tupelo MS 38801 FEC ID number of contributing federal political committee. Name of Employer Youth & Family Centered Svcs Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Bot of Receipt Transaction ID: SA11AI.6422 Amount of Each Receipt this Period CONTRIBUTION CONTRIBUTION		250.00	
Mailing Address 1525 Morning Glory Circle City State Zip Code Tupelo MS 38801 FEC ID number of contributing federal political committee. Name of Employer Youth & Family Centered Svcs Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ State Zip Code Transaction ID: SA11AI.6422 Amount of Each Receipt this Period CONTRIBUTION CONTRIBUTION Receipt For: Aggregate Year-to-Date ▼ 300.00			Date of Receipt
City State Zip Code Tupelo MS 38801 FEC ID number of contributing federal political committee. Name of Employer Youth & Family Centered Svcs Receipt For: Primary General Other (specify) ▼ State Zip Code MS 38801 Amount of Each Receipt this Period CONTRIBUTION CONTRIBUTION CONTRIBUTION		Circle	M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Youth & Family Centered Svcs Receipt For: Primary General Other (specify) Other (specify) 300.00 CONTRIBUTION Aggregate Year-to-Date 300.00	City	State Zip Code	
Name of Employer Youth & Family Centered Svcs Receipt For: Primary Other (specify) ▼ Occupation Administrator Aggregate Year-to-Date 300.00 CONTRIBUTION	Tupelo	MS 38801	
Name of Employer Youth & Family Centered Svcs Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	FEC ID number of contributing federal political committee.	C	
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		'	CONTRIBUTION
Other (specify) ▼ 300.00	Receipt For:	- 	
SUBTOTAL of Receipts This Page (optional)	_	300.00	
SUBTOTAL of Receipts This Page (optional)			800 00
	SUBTOTAL of Receipts This Page (optional)	

В.

C.

age# 10990043113			
SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name		y any person for t	he purpose of soliciting contributions
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF PSYCHIA APHS/PAC	TRIC HEALTH SYSTEMS I	POLITICAL AC	TION COMMITTEE (N-
Full Name (Last, First, Middle Initial) Wachovia National Bank			Transaction ID: SB21B.6465 Date of Disbursement
Mailing Address PO Box 563966			$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
City Charlotte	State Zip Code NC 28262-3966		Amount of Each Disbursement this Period
Purpose of Disbursement SERVICE FEES		v v	218.25
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) \blacktriangleright		
Full Name (Last, First, Middle Initial) Wachovia National Bank			Fransaction ID: SB21B.6467 Date of Disbursement
Mailing Address PO Box 563966			05
City Charlotte	State Zip Code NC 28262-3966		Amount of Each Disbursement this Period
Purpose of Disbursement SERVICE FEES		-	184.83
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Wachovia National Bank			Fransaction ID: SB21B.6470 Date of Disbursement
Mailing Address PO Box 563966			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix}$
City Charlotte	State Zip Code NC 28262-3966		Amount of Each Disbursement this Period
Purpose of Disbursement SERVICE FEES]	-	89.78
Candidate Name	,	Category/ Type	
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		<u>►</u>	492.86

TOTAL This Period (last page this line number only)

492.86

	CHEDULE B (FEC FOIIII	, Us	e separate so			JR LINE heck onl	NUMBER:	PAGE 22 / 25
	EMIZED DISBURSEMEN	De	each categor tailed Summa	ary Page		21b 27	22 X 28a	23 24 25 28b 28c 29
	ny Information copied from such Reports for commercial purposes, other than us							
\rangle	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF APHS/PAC	PSYCHIATRIC	HEALTH S	YSTEMS	POLI	TICAL	ACTION C	OMMITTEE (N-
	Full Name (Last, First, Middle Initial) AMERIPAC: THE FUND FOR A	GREATER AM	ERICA				Date of Di	on ID: SB23.6455 sbursement
	Mailing Address 499 S. CAPITO	DL ST. S.W. #4	14				0 6	
	City WASHINGTON	State DC	Zip C 200				Amount of	Each Disbursement this Perio
	Purpose of Disbursement DISBURSEMENT - Dinner to honor S	teny Hoyer			01			2500.00
	Candidate Name				Cateo Typ	• •		
	Office Sought: House Senate President	Disbursement Prim Othe		General				
_	State: District: Full Name (Last, First, Middle Initial)						Troposti	on ID: SB23.6439
	CITIZENS FOR ALTMIRE						Date of Di	sbursement
	Mailing Address P.O. Box 1776						06	$\begin{pmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{pmatrix} \begin{pmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{pmatrix} \begin{pmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{pmatrix}$
	City Freedom	State PA	Zip C 150				Amount of	Each Disbursement this Perio
	Purpose of Disbursement DISBURSEMENT				01	1		1500.00
	Candidate Name JASON ALTMIRE				Categ			
	Office Sought: X House Senate President State: PA District: 04	Disbursement Prim Other		2010 General				
	Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS	2008					Date of Di	on ID: SB23.6438 sbursement
		N AVE. SUITE N AVE. SUITE					0 4	28 7 2010
	City MIDLAND	State MI	Zip C 486				Amount of	Each Disbursement this Perio
	Purpose of Disbursement DISBURSEMENT				01	1		2500.00
	Candidate Name DAVID LEE CAMP				Cateo			
	Office Sought: X House Senate President	Disbursement X Prim Othe		2010 General				
	State: MI District: 04							
								6500.00

S	CHEDULE B (FEC Form 3X)	Use separate schedule(s)	_	E NUMBER:	PAGE 23 / 25
ΙT	TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	,	(check on 21b	lly one) 22 X 23	☐ 24 ☐ 25 ☐ 26
		Detailed Suffillary Page	,	27	28a 28	
	ny Information copied from such Reports and Statem for commercial purposes, other than using the name					
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NAME OF COMMITTEE (In Full)	e and address of any point	ai cui	illillittee to s	Olicit Contributions	s from Such Committee
	NATIONAL ASSOCIATION OF PSYCHIAT APHS/PAC	RIC HEALTH SYSTE	MS P	OLITICAL	ACTION COM	MITTEE (N-
A.	Full Name (Last, First, Middle Initial)					ID: SB23.6454
Λ.	Friends of Kent Conrad				Date of Disbu	
	Mailing Address 420 C Street, NE Lower I PO Box 65314				0 6	21 2010
	Washington	State Zip Code DC 20002	_		Amount of Ea	ach Disbursement this Period
	Purpose of Disbursement DISBURSEMENT			011		2500.00
	Candidate Name KENT CONRAD		7 6	ategory/ Type		
	°	ement For: 2012 Primary Genera	l			
	President State: ND District: 00	Other (specify)				
_	Full Name (Last, First, Middle Initial)				Transaction	ID: SB23.6453
B.	GRASSLEY COMMITTEE INC				Date of Disbu	ursement
	Mailing Address PO BOX 1000				06 %	D 1 6 Y 2 0 1 0 Y
	City DES MOINES	State Zip Code IA 50304			Amount of Ea	ach Disbursement this Period
	Purpose of Disbursement DISBURSEMENT			011		2000.00
	Candidate Name CHARLES E GRASSLEY		C	ategory/ Type		
	X Senate President	ement For: 2010 Primary X Genera Other (specify)	l			
_	State: IA District: 00					
C.	Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS				Transaction Date of Disbu	
	Mailing Address 5429 Madison Avenue				0 5	D 1 D / Y 2 0 1 0 Y
	City Sacramento	State Zip Code CA 95841			Amount of Ea	ach Disbursement this Period
	Purpose of Disbursement DISBURSEMENT		011	L	1500.00	
	Candidate Name MIKE MR. THOMPSON		0	ategory/ Type		
		ement For: 2010 Primary General Other (specify)			-	
_	State: CA District: 01					
٤	SUBTOTAL of Disbursements This Page (optional)			<u> </u>		6000.00
-	FOTAL This Period (last page this line number only)					

WASHINGTON Purpose of Disbursement DISBURSEMENT Candidate Name TIM MURPHY Office Sought:	SCHEDULE B (FEC FOIIII 3X)	Use separate schedule(s		NUMBER: PAGE 24 / 25
NAME OF COMMITTEE (In Full) NAME (Last, First, Middle Initial) MURPHY FOR CONGRESS Mailing Address SULA GRAHAM GROUP, 700 12TH ST, NW City WASHINGTON State Zip Code DC 20005 Amount of Each Disbursement this Peric 1000.00 Amount of Each Disbursement this Peric NJ Office Sought: NJ NFirmary General Other (specify) Transaction ID: SB23,6436 Date of Disbursement this Peric 1000.00 Transaction ID: SB23,6437 Date of Disbursement Disbursement	TEMIZED DISBURSEMENTS		21b	22 X 23 24 25
NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHSIPAC Full Name (Last, First, Middle Initial) MURPHY FOR CONGRESS Mailing Address GULA GRAHAM GROUP, 700 12TH ST, NW SUITE 700 City MSHINGTON State Zip Code DC 20005 Purpose of Disbursement DISBURSEMENT Candidate Name TIM MURPHY Office Sought: X House Senate NJ 97740 Purpose of Disbursement Disbursement Disbursement Disbursement Disbursement For: 2010 X Primary General President State: PA District: 18 Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS Mailing Address PO Box 3176 City State Zip Code NJ 07740 Purpose of Disbursement	or for commercial purposes, other than using the			
Murphy For Congress Mailing Address Gula Graham Group, 700 12TH ST, NW State Zip Code Washington Disbursement Disburseme	NATIONAL ASSOCIATION OF PSYC	CHIATRIC HEALTH SYSTEM	IS POLITICAL A	ACTION COMMITTEE (N-
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