

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) 900 17TH STREET, NW SUITE 420
 Check if different than previously reported. (ACC)
WASHINGTON DC 20006

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 (12G)
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 01 01 2011 through 06 30 2011

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 29 2011

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="2011"/>		32490.68
(b) Cash on Hand at Beginning of Reporting Period	32490.68	
(c) Total Receipts (from Line 19)	43164.14	43164.14
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	75654.82	75654.82
7. Total Disbursements (from Line 31)	21358.27	21358.27
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	54296.55	54296.55
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**

Write or Type Committee Name

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

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	26985.00	26985.00
(ii) Unitemized	15716.00	15716.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	42701.00	42701.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	450.00	450.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	43151.00	43151.00
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.)	13.14	13.14
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))	43164.14	43164.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	43164.14	43164.14

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.....	858.27	858.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	858.27	858.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	20500.00	20500.00
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))..	21358.27	21358.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21358.27	21358.27

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)	43151.00	43151.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	43151.00	43151.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	858.27	858.27
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	858.27	858.27

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

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

FOR LINE NUMBER: PAGE 6 / 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
 Darien Applegate
 Mailing Address 7071 Regatta Ct
 City State Zip Code
 Tega Cay SC 29708
 Date of Receipt
 M M / D D / Y Y Y Y
 06 / 22 / 2011
Transaction ID: SA11AI.6998
 Amount of Each Receipt this Period
 250.00
CONTRIBUTION
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Universal Health Services VP Business Development
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

B. Full Name (Last, First, Middle Initial)
 Pradeep Arora
 Mailing Address 7961 Monterey Bay Drive
 City State Zip Code
 Jacksonville FL 32216
 Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2011
Transaction ID: SA11AI.6642
 Amount of Each Receipt this Period
 500.00
CONTRIBUTION
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Universal Health Services Pyschiatrist
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

C. Full Name (Last, First, Middle Initial)
 Mr. Timothy Bedford
 Mailing Address 1940 Harrison Avenue
 City State Zip Code
 Panama City FL 32405
 Date of Receipt
 M M / D D / Y Y Y Y
 06 / 22 / 2011
Transaction ID: SA11AI.6986
 Amount of Each Receipt this Period
 400.00
CONTRIBUTION
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Emerald Coast Behavioral Hospi CEO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

SUBTOTAL of Receipts This Page (optional) ► 1150.00
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 7 / 36
(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)

A. Full Name (Last, First, Middle Initial)
 Timothy F. Brady
 Mailing Address 652 W. Iris Drive
 City State Zip Code
 Nashville TN 37204
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2011
Transaction ID: SA11AI.6547
 Amount of Each Receipt this Period
 250.00
CONTRIBUTION
 Name of Employer Occupation
 Haven Behavioral Health VP, Operations
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

B. Full Name (Last, First, Middle Initial)
 Mr. Terrance Bridges
 Mailing Address One Park Plaza
 City State Zip Code
 Nashville TN 37203
 Date of Receipt
 M M / D D / Y Y Y Y
 06 / 14 / 2011
Transaction ID: SA11AI.6799
 Amount of Each Receipt this Period
 250.00
CONTRIBUTION
 Name of Employer Occupation
 HCA Hospital Executive
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

C. Full Name (Last, First, Middle Initial)
 Gregory Brownstein
 Mailing Address 45 Clapboardtree Street
 City State Zip Code
 Westwood MA 02090
 Date of Receipt
 M M / D D / Y Y Y Y
 06 / 07 / 2011
Transaction ID: SA11AI.6778
 Amount of Each Receipt this Period
 500.00
CONTRIBUTION
 Name of Employer Occupation
 Westwood Lodge CEO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 36
(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)
Carey Carlock

Mailing Address 8311 Roosevelt Road

City State Zip Code
Forest Park IL 60130

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

Name of Employer Occupation
Riveredge Hospital CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2011

Transaction ID: SA11AI.6840

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
Marina Cecchini

Mailing Address 4101 NW 89th Boulevard

City State Zip Code
Gainesville FL 32669

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

Name of Employer Occupation
Shands Healthcare Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2011

Transaction ID: SA11AI.6548

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
Frances Charlene

Mailing Address 14655 Champion Forest Dr

City State Zip Code
Houston TX 77069

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

Name of Employer Occupation
River Crest Hospital Hospital Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2011

Transaction ID: SA11AI.6848

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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: PAGE 9 / 36
(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)
Margaret Collier

Mailing Address 250 Scenic Highway

City Lawrenceville State GA Zip Code 30046

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

Name of Employer Summit Ridge Hospital Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 06 / 22 / 2011

Transaction ID: SA11AI.6963

Amount of Each Receipt this Period 30.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Mr. Mark J. Covall

Mailing Address 701 13th Street, NW Suite 950

City Washington State DC Zip Code 20005

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

Name of Employer National Association of Psychi Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 14 / 2011

Transaction ID: SA11AI.6585

Amount of Each Receipt this Period 500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Joe Crabtree

Mailing Address 6105 Bascom Drive

City Summerfield State NC Zip Code 27358

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

Name of Employer Universal Health Svcs Occupation Healthcare Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 02 / 2011

Transaction ID: SA11AI.6707

Amount of Each Receipt this Period 250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 780.00

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 10 / 36
(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)
Elaine Crnovic

Mailing Address 2135 Southgate Road

City State Zip Code
Colorado Springs CO 80906

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

Name of Employer Cedar Springs Hospital Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2011

Transaction ID: SA11AI.6994

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
Mr. Matthew Crouch

Mailing Address 2151 Peachford Road

City State Zip Code
Atlanta GA 30345

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

Name of Employer Universal Health Services Occupation Regional VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2011

Transaction ID: SA11AI.6709

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
Isa Diaz

Mailing Address 367 S. Gulph Road

City State Zip Code
King of Prussia PA 19406

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

Name of Employer Universal Health Services Occupation VP of Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2011

Transaction ID: SA11AI.6629

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 36
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Guy DiStefano

Mailing Address 650 Rancocas Road

City State Zip Code
West Hampton NJ 08060

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

Name of Employer Occupation
Hampton Behavioral Health Cent CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: SA11AI.6689

Amount of Each Receipt this Period
625.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
Len Dziubla

Mailing Address 999 Kings Road

City State Zip Code
Hartford WI 53027-9095

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

Name of Employer Occupation
Phoenix Care Systems, Inc CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 20 / 2011

Transaction ID: SA11AI.6587

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
Susie Ear

Mailing Address 4238 Green River Road

City State Zip Code
Corona CA 92880

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

Name of Employer Occupation
Aurora Vista Del Mar, LLC CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2011

Transaction ID: SA11AI.6870

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1875.00**

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 / 36
	<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) Paul Earley	Date of Receipt MM / DD / YYYY 06 / 16 / 2011
	Mailing Address 5448 Yorktowne Drive	Transaction ID: SA11AI.6925
	City State Zip Code Atlanta GA 30349	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Talbott Recovery Campus Occupation Physician 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) Carothers Evans	Date of Receipt MM / DD / YYYY 06 / 14 / 2011
	Mailing Address 367 S. Gulph Road	Transaction ID: SA11AI.6846
	City State Zip Code King of Prussia PA 19406	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Universal Health Services Occupation SVP, Business Development 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) Michele Fissori	Date of Receipt MM / DD / YYYY 06 / 22 / 2011
	Mailing Address 2530 Debarr Road	Transaction ID: SA11AI.6957
	City State Zip Code Anchorage AK 99508	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer North Star Behavioral Health Occupation CFO 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: (check only one)	PAGE 13 / 36
	<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) Mr. James Gallagher		Date of Receipt
	Mailing Address 19 Prospect Street		<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 0 5 / 2 7 / 2 0 1 1
	City	State	Zip Code
	Summit	NJ	07901
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Summit Oaks Hospital		Occupation CEO	Transaction ID: SA11AI.6664
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"/> 250.00
		<input type="text"/> 250.00	CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) Delia Gonzalez		Date of Receipt
	Mailing Address 250 Scenic Highway		<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 0 6 / 2 2 / 2 0 1 1
	City	State	Zip Code
	Lawrencville	GA	30046
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Summit Ridge Hospital		Occupation CFO	Transaction ID: SA11AI.6959
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"/> 280.00
		<input type="text"/> 280.00	CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) Michele Gougeon		Date of Receipt
	Mailing Address 115 Mill Street		<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 0 4 / 0 6 / 2 0 1 1
	City	State	Zip Code
	Belmont	MA	02478
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer McLean Hospital		Occupation COO	Transaction ID: SA11AI.6580
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"/> 250.00
		<input type="text"/> 250.00	CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 780.00
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 14 / 36
	<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) Laurence Harrod	Date of Receipt MM / DD / YYYY 06 / 02 / 2011
	Mailing Address 367 S. Gulph Road	Transaction ID: SA11AI.6703
	City State Zip Code King of Prussia PA 19406	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation Universal Health Services Regional VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Mr. Ray Heckerman	Date of Receipt MM / DD / YYYY 06 / 14 / 2011
	Mailing Address 1150 Cornell Avenue	Transaction ID: SA11AI.6827
	City State Zip Code Savannah GA 31406	Amount of Each Receipt this Period 950.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation Universal Health Services CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

C.	Full Name (Last, First, Middle Initial) David Hillis	Date of Receipt MM / DD / YYYY 05 / 17 / 2011
	Mailing Address 107 Lincoln Street	Transaction ID: SA11AI.6602
	City State Zip Code Worcester MA 01609	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation AdCare Hospital of Worcester 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)	1800.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 36
	<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) David Hiott		Date of Receipt MM / DD / YYYY 06 / 22 / 2011
	Mailing Address 2777 Speissegar		Transaction ID: SA11AI.7000
	City North Charleston	State SC	Zip Code 29405
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Palmetto Lowcountry BH		Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) John Hollinsworth		Date of Receipt MM / DD / YYYY 06 / 02 / 2011
	Mailing Address 367 S. Gulph Road		Transaction ID: SA11AI.6726
	City King of Prussia	State PA	Zip Code 19406
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Universal Health Services		Occupation Division VP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) Karen Johnson		Date of Receipt MM / DD / YYYY 05 / 17 / 2011
	Mailing Address 367 S. Gulph Road		Transaction ID: SA11AI.6599
	City King of Prussia	State PA	Zip Code 19406
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
	Name of Employer Universal Health Services		Occupation Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	▶	850.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 36
	<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) Christine Judycki-Crepault		Date of Receipt
	Mailing Address 107 Lincoln Street		<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 0 5 / 1 7 / 2 0 1 1
	City	State	Zip Code
	Worcester	MA	01609
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6593
Name of Employer AdCare Hospital Worcester		Occupation CFO	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

B.	Full Name (Last, First, Middle Initial) Mr. Scott Kardenetz		Date of Receipt
	Mailing Address 367 S. Gulph Road		<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 0 6 / 2 2 / 2 0 1 1
	City	State	Zip Code
	King of Prussia	PA	19406
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6992
Name of Employer Universal Health Services		Occupation Division Vice President	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) Ms Bonnie Katz		Date of Receipt
	Mailing Address 6501 N. Charles Street		<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 0 5 / 1 7 / 2 0 1 1
	City	State	Zip Code
	Baltimore	MD	21204
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6604
Name of Employer Sheppard Pratt Health System		Occupation VP Business Dev & Support Ops	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

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
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: PAGE 17 / 36
(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)
Shakil Khan

Mailing Address 6869 5th Avenue South

City Birmingham State AL Zip Code 35212

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

Name of Employer Hillcrest Behavioral Health Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 14 / 2011

Transaction ID: SA11AI.6879

Amount of Each Receipt this Period 250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
Soon K. Kim

Mailing Address 6238 Green River Road

City Corona State CA Zip Code 92880

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

Name of Employer Signature Healthcare Services Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 17 / 2011

Transaction ID: SA11AI.6601

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

C.

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

Mailing Address 123 Andover Road

City Westbrook State ME Zip Code 04108

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 ▼ 250.00

Date of Receipt 03 / 11 / 2011

Transaction ID: SA11AI.6542

Amount of Each Receipt this Period 250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 36
(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)

A. Full Name (Last, First, Middle Initial)
 Jay Kortmeyer
 Mailing Address 192 Village Drive
 City State Zip Code
 Jacksonville NC 28546
 Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 3 1 / 2 0 1 1
Transaction ID: SA11AI.6691
 Amount of Each Receipt this Period
 250.00
CONTRIBUTION
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bryn Marr Hospital CEO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

B. Full Name (Last, First, Middle Initial)
 Gregory LaFrancois
 Mailing Address 367 S. Gulph Road
 City State Zip Code
 King of Prussia PA 19406
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 0 2 / 2 0 1 1
Transaction ID: SA11AI.6716
 Amount of Each Receipt this Period
 400.00
CONTRIBUTION
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Universal Health Services Healthcare Administrator
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

C. Full Name (Last, First, Middle Initial)
 Henry Lepely
 Mailing Address 4131 University Blvd.
 Ste 7
 City State Zip Code
 Jacksonville FL 32216-4346
 Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 2 7 / 2 0 1 1
Transaction ID: SA11AI.6632
 Amount of Each Receipt this Period
 250.00
CONTRIBUTION
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Universal Health Services Psychiatrist
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

SUBTOTAL of Receipts This Page (optional) ► 900.00
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 19 / 36
(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)

A. Full Name (Last, First, Middle Initial)
 Dr. Mark Mayo
 Mailing Address 2530 Debarr Road
 City Anchorage State AK Zip Code 99508
 Date of Receipt 06 / 22 / 2011
Transaction ID: SA11AI.6956
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Star Behavioral Health Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 500.00

B. Full Name (Last, First, Middle Initial)
 Kathleen McCann
 Mailing Address 900 17th Street Suite 420
 City Washington State DC Zip Code 20006
 Date of Receipt 03 / 24 / 2011
Transaction ID: SA11AI.6549
 Amount of Each Receipt this Period 300.00
 CONTRIBUTION
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAPHS Occupation Director of Quality & Regul Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 300.00

C. Full Name (Last, First, Middle Initial)
 Margaret Minnick
 Mailing Address 4619 N. Rosemead Blvd
 City Rosemead State CA Zip Code 91770
 Date of Receipt 05 / 11 / 2011
Transaction ID: SA11AI.6613
 Amount of Each Receipt this Period 400.00
 CONTRIBUTION
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BHC Alhambra Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 400.00

SUBTOTAL of Receipts This Page (optional) ► **1200.00**
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 20 / 36
(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 Montes

Mailing Address 23700 Camino Del Sol

City State Zip Code
Torrance CA 90814

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

Name of Employer Del Amo Hospital Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2011

Transaction ID: SA11AI.6790

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
Jon Oshaughnessy

Mailing Address 1011 N. Cooper Street

City State Zip Code
Arlington TX 76011

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

Name of Employer Millwood Hospital Occupation Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2011

Transaction ID: SA11AI.6938

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
Ms Debra K. Osteen

Mailing Address 367 South Gulph Road

City State Zip Code
King of Prussia PA 19406

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

Name of Employer Universal Health Services Occupation President of Behavioral Health

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2011

Transaction ID: SA11AI.6540

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 36
(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)
Mr. George Perry

Mailing Address 615 Churchill Hubbard Road

City State Zip Code
Youngstown OH 44512

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

Name of Employer Belmont Pines Hospital Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 06 / 02 / 2011
Transaction ID: SA11AI.6738
Amount of Each Receipt this Period: 750.00
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
Ms Janice Richardson

Mailing Address 1035 Porter Pike Road

City State Zip Code
Bowling Green KY 42103

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

Name of Employer Rivendell Behavioral Health Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 02 / 2011
Transaction ID: SA11AI.6720
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
Robert Roca

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 Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 27 / 2011
Transaction ID: SA11AI.6588
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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 22 / 36
(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)
Mr. Thomas Ryba

Mailing Address 237 Avenue of the Palms

City State Zip Code
Myrtle Beach SC 29579-1247

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

Name of Employer Lighthouse Care Center Conway
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2011

Transaction ID: SA11AI.6592

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
Elliot Sainer

Mailing Address 2000 Edgewood Drive

City State Zip Code
South Pasadena CA 91030

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

Name of Employer Acadia Healthcare
Occupation Board Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2011

Transaction ID: SA11AI.6541

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
Raza Sayed

Mailing Address 301 E. Division Street

City State Zip Code
Greenville TX 75402

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

Name of Employer Glen Oaks Hospital
Occupation Psychiatrist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2011

Transaction ID: SA11AI.6930

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 36
(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)

A. Full Name (Last, First, Middle Initial)
Mr. Martin Schappell

Mailing Address 10501 Six Mile Cypress Parkway

City State Zip Code
Ft. Myers FL 33966

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

Name of Employer Occupation
 Universal Health Services Hospital Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **05 / 24 / 2011**
Transaction ID: SA11AI.6620
 Amount of Each Receipt this Period **500.00**
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Dr. Steven Sharfstein

Mailing Address 6 E. Bishops Road

City State Zip Code
Baltimore MD 21218

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

Name of Employer Occupation
 Sheppard Pratt Health System Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **04 / 20 / 2011**
Transaction ID: SA11AI.6586
 Amount of Each Receipt this Period **250.00**
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Lisa Shea, M.D.

Mailing Address 345 Blackstone Blvd

City State Zip Code
Providence RI 02906

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

Name of Employer Occupation
 Butler Hospital Psychiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 11 / 2011**
Transaction ID: SA11AI.6543
 Amount of Each Receipt this Period **250.00**
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

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

FOR LINE NUMBER: PAGE 24 / 36
(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)

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

Mailing Address 1313 N. Weston Lane

City State Zip Code
Austin TX 78733

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

Name of Employer: Youth & Family Centered Service
 Occupation: CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 05 / 17 / 2011
Transaction ID: SA11AI.6591
 Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Mr. Joseph Sheehy

Mailing Address 809 W. Church Street

City State Zip Code
Champaign IL 61820

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

Name of Employer: The Pavillion
 Occupation: CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt: 06 / 22 / 2011
Transaction ID: SA11AI.6978
 Amount of Each Receipt this Period: 400.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Fernando Siles

Mailing Address 301 E. Division Street

City State Zip Code
Greenville TX 75402

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

Name of Employer: Glen Oaks Hospital
 Occupation: Pyschiatrist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 06 / 16 / 2011
Transaction ID: SA11AI.6934
 Amount of Each Receipt this Period: 250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1650.00**

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 25 / 36
	<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) Douglas Smith		Date of Receipt
	Mailing Address 200 Lake Street		<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
	Peabody	MA	01960
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6828
Name of Employer Pioneer Behavioral Health		Occupation Board of Directors	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

B.	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.6581
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

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.6545
Name of Employer NAPHS		Occupation Director	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

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1000.00
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: PAGE 26 / 36
(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)

A. Full Name (Last, First, Middle Initial)
John Tanner

Mailing Address P.O. Box 51595

City State Zip Code
Jacksonville FL 32240

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
 Universal Health Services Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 27 / 2011
Transaction ID: SA11AI.6644

Amount of Each Receipt this Period 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Thomas Thommi

Mailing Address P.O. Box 550698

City State Zip Code
Jacksonville FL 32255

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
 Self Employed Internist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 27 / 2011
Transaction ID: SA11AI.6638

Amount of Each Receipt this Period 250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Cherie Tolley

Mailing Address 2777 Speissegar Drive

City State Zip Code
North Charleston SC 29405

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
 Palmetto Lowcountry BH CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 07 / 2011
Transaction ID: SA11AI.6772

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: (check only one)	PAGE 27 / 36
	<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) Nancy Trenti	Date of Receipt MM / DD / YYYY 05 / 02 / 2011
	Mailing Address 900 17th Street, NW Suite 420	Transaction ID: SA11AI.6589
	City Washington State DC Zip Code 20006	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer NAPHS Occupation Director of Congressional Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mr. Benjamin Underwood	Date of Receipt MM / DD / YYYY 06 / 02 / 2011
	Mailing Address 5448 Yorktowne Drive	Transaction ID: SA11AI.6748
	City Atlanta State GA Zip Code 30349	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Talbot Recovery Campus Occupation CEO 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) Ms Phyllis Weisfield	Date of Receipt MM / DD / YYYY 06 / 14 / 2011
	Mailing Address 722 E. Butler Pike	Transaction ID: SA11AI.6857
	City Ambler State PA Zip Code 19002	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Horsham Clinic Occupation 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)	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: PAGE 28 / 36
(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)
Thomas Williams

Mailing Address 7575 E. Earl Drive

City State Zip Code
Scottsdale AZ 85251

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

Name of Employer Banner Behavioral Health Hospi
Occupation Associate Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2011

Transaction ID: SA11AI.6576

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
Mr John Willingham

Mailing Address 2700 E. Philips

City State Zip Code
Greer SC 26950

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

Name of Employer The Carolina Center for BH
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2011

Transaction ID: SA11AI.6793

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
Mr. Richard Windle

Mailing Address 367 S. Gulph Road

City State Zip Code
King of Prussia PA 19406

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

Name of Employer Universal Health Svcs
Occupation Director of IS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2011

Transaction ID: SA11AI.6590

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 29 / 36	
	(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"/> 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)
Sharon Worsham

Mailing Address 367 S. Gulph Road

City State Zip Code
King of Prussia PA 19406

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

Name of Employer Occupation
Universal Health Services Division President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	2	/	2	0	1	1

Transaction ID: SA11AI.6993

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	26985.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 30 / 36	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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) HOSPITAL AND HEALTHSYSTEM ASSOC. OF PA - FEDERAL POLITICAL ACTION COMM (HAPAC)		Date of Receipt
	Mailing Address Post Office Box 8600 PO BOX 8600		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Harrisburg	PA	17105
	FEC ID number of contributing federal political committee.		<input type="text" value="C00128082"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	Transaction ID: SA11C.6550 Amount of Each Receipt this Period <input type="text" value="450.00"/> CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="450.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="450.00"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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 CHARGES 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.6566 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 164.75
	<input type="text"/>
	<input type="text"/>
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 CHARGES 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.6568 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 1 1
	Amount of Each Disbursement this Period 89.75
	<input type="text"/>
	<input type="text"/>
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 Bank 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.7048 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 1
	Amount of Each Disbursement this Period 254.11
	<input type="text"/>
	<input type="text"/>

SUBTOTAL of Disbursements This Page (optional) ▶	508.61
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

**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 32 / 36

<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 Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.7049 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 1 1
	Amount of Each Disbursement this Period 137.65
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 Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.7050 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 1 1
	Amount of Each Disbursement this Period 122.26

SUBTOTAL of Disbursements This Page (optional) ►

259.91

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

768.52

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 CONTRIBUTION

Candidate Name

012
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB23.7035

Date of Disbursement

06 / 24 / 2011

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. DAVID LEE CAMP

Mailing Address 5905 Wimbledon Ct.

City Midland State MI Zip Code 48642

Purpose of Disbursement CONTRIBUTION

Candidate Name DAVID LEE CAMP

011
Category/
Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: MI District: 04

Transaction ID: SB23.7044

Date of Disbursement

03 / 14 / 2011

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. CITIZENS FOR ALTMIRE

Mailing Address P.O. Box 1776

City Freedom State PA Zip Code 15042

Purpose of Disbursement CONTRIBUTION

Candidate Name JASON ALTMIRE

011
Category/
Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: PA District: 04

Transaction ID: SB23.7030

Date of Disbursement

05 / 11 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

8500.00

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)
HOYER FOR CONGRESS

Mailing Address **7905 MALCOLM ROAD
SUITE 102**

City **CLINTON** State **MD** Zip Code **20735**

Purpose of Disbursement
CONTRIBUTION

Candidate Name
STENY HAMILTON HOYER

Office Sought: House
 Senate
 President

State: **MD** District: **05**

Disbursement For: **2012**
 Primary General
 Other (specify) ▼

Transaction ID: SB23.7027

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

B.

Full Name (Last, First, Middle Initial)
MATSUI FOR CONGRESS

Mailing Address **PO BOX 1738**

City **SACRAMENTO** State **CA** Zip Code **95812**

Purpose of Disbursement
CONTRIBUTION

Candidate Name
DORIS MATSUI

Office Sought: House
 Senate
 President

State: **CA** District: **05**

Disbursement For: **2012**
 Primary General
 Other (specify) ▼

Transaction ID: SB23.6574

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

C.

Full Name (Last, First, Middle Initial)
MURPHY FOR CONGRESS

Mailing Address **GULA GRAHAM GROUP, 700 12TH ST, NW
SUITE 700**

City **WASHINGTON** State **DC** Zip Code **20005**

Purpose of Disbursement
DISBURSEMENT

Candidate Name
PATRICK J. MURPHY

Office Sought: House
 Senate
 President

State: **PA** District: **08**

Disbursement For: **2012**
 Primary General
 Other (specify) ▼

Transaction ID: SB23.6551

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

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) NAPOLITANO FOR CONGRESS	Transaction ID: SB23.7031 Date of Disbursement 05 / 26 / 2011	
	Mailing Address 555 CAPITOL MALL, SUITE 1425		
	City SACRAMENTO State CA Zip Code 95814	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement CONTRIBUTION	011	Category/Type
	Candidate Name NAPOLITANO FOR CONGRESS		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012	
	State: CA District: 38	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	Transaction ID: SB23.7042 Date of Disbursement 02 / 02 / 2011	
	Mailing Address 320 FIRST STREET SE		
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period	2500.00
	Purpose of Disbursement CONTRIBUTION		
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
	State: District:	<input 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: SB23.7025 Date of Disbursement 04 / 14 / 2011	
	Mailing Address 911 Central Avenue PO Box 221		
	City Albany State NY Zip Code 12206	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement CONTRIBUTION	011	Category/Type
	Candidate Name PAUL DAVID TONKO		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012	
	State: NY District: 21	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	4500.00
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 36 / 36

<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)
Pete Stark Re-Election Committee

Mailing Address PO Box 75214

City Washington State DC Zip Code 20013-5214

Purpose of Disbursement
DISBURSEMENT

Candidate Name
PETE STARK

Office Sought: House
 Senate
 President
State: CA District: 13

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: SB23.6553

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	1	1

Amount of Each Disbursement this Period

2000.00

011
Category/ Type

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

20500.00