

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 8 / 12	
	(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) Yogendra Upadhyay, M.D.		Date of Receipt
	Mailing Address 400 Sunrise Highway		<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Amityville	NY	11701
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer South Oaks Hospital	Occupation CEO	Transaction ID: SA11AI.5957
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="250.00"/>	
Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>		Contribution	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="250.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2000.00"/>