

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEDERAL MAIL
OPERATIONS CENTER

OFFICE OF THE CLERK OF THE HOUSE OF REPRESENTATIVES

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12PB4N5

National Association of Psychiatric Health Systems

Political Action Committee

ADDRESS (number and street)

325 Seventh Street, NW

Suite 625

Washington

DC

20004

Check if different than previously reported. (ADC)

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

0010736

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 Year-End 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) 18-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Report for the:

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

07

01

2003

through

12

31

2003

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 J. Covall

Signature of Treasurer

[Handwritten Signature]

Date

07

29

2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 3437g.

Office Use Only

FEC FORM 3X (Rev. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

National Association of Psychiatric Health Systems Political Action Committee

Report Covering the Period: From: 07 01 2003 To: 12 31 2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2003</u>		<u>7,908.70</u>
(b) Cash on Hand at Beginning of Reporting Period	<u>2,569.47</u>	
(c) Total Receipts (from Line 19)	<u>1,059.81</u>	<u>4,102.42</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<u>3,639.28</u>	<u>4,893.29</u>
7. Total Disbursements (from Line 31)	<u>1,262.46</u>	<u>2,516.42</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<u>2,376.82</u>	<u>2,376.82</u>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
399 E. Street, NW
Washington, DC 20483

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2005)

Write or Type Committee Name

National Association of Psychiatric Health Systems Political Action Committ

Report Covering the Period: From: 07/01/2003 To: 12/31/2003

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	735000	
(b) Itemized (use Schedule A)		
(c) Unitemized	333500	
(iii) TOTAL (add Lines 11(a)(b) and (c))	1068500	4035400
(d) Political Party Committees		
(e) Other Political Committees (such as PACs)		
(f) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1068500	4035400
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	1341	6029
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Accounts (from Schedule H3)		
(b) Levin Funds (from Schedule H5)		
(c) Total Transfers (add 18(a) and 18(b))		
19. Total Receipts (add Lines 11(f), 12, 13, 14, 15, 17, and 18(c))	1069841	4041829
20. Total Federal Receipts (subtract Line 16(c) from Line 19)		

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	1 2 0 0 0 0	2 4 0 0 0 0
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements	6 2 4 1 6	1 1 6 4 9 7
30. Federal Election Activity (2 U.S.C. §431(2))		
(a) Allocated Federal Election Activity (from Schedule H5)		
(i) Federal Share		
(ii) "Leak" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1 2 6 2 4 1 6	2 5 1 6 4 9 7
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(ii) from Line 31)		

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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)	1 0 6 5 5 0 0	4 0 9 6 4 0 0
34. Total Contribution Refunds (from Line 20(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1 0 6 5 5 0 0	4 0 9 6 4 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 36 from Line 35)		

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

Use separate schedules for each category of the Detailed Summary Page

FOR LINE NUMBERS: PAGE 6 OF 15
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
National Association of Psychiatric Health Systems Political Action Committee

Full Name (Last, First, Middle Initial)
A. Montez, Lisa

Mailing Address
P.O. Box 6305

City State Zip Code
Anaheim CA 92816

FEC ID number of contributing federal political committee
C

Name of Employer
Universal Health Systems

Occupation

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
20000

Date of Receipt
07 02 2003

Amount of Each Receipt this Period
20000

Full Name (Last, First, Middle Initial)
B. Hirsch, Peter B.

Mailing Address
3250 Lomita Blvd.

City State Zip Code
Torrance CA 90505

FEC ID number of contributing federal political committee
C

Name of Employer
Universal Health Systems

Occupation

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
25000

Date of Receipt
07 02 2003

Amount of Each Receipt this Period
25000

Full Name (Last, First, Middle Initial)
C. Winkle, Richard

Mailing Address
187 Knoll Drive

City State Zip Code
Collegedale PA 18954

FEC ID number of contributing federal political committee
C

Name of Employer
Universal Health Systems

Occupation

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
20000

Date of Receipt
07 29 2003

Amount of Each Receipt this Period
20000

SUBTOTAL of Receipts This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 15

<input 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

Full Name (Last, First, Middle Initial)
A. Harrod, Christine

Mailing Address
15 Jacqueline Circle

City State Zip Code
Richboro PA 18954

FEC ID number of contributing federal political committee
C

Name of Employer Occupation
Universal Health Systems

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **2,000.00**

Date of Receipt
07/29/2003

Amount of Each Receipt this Period
2,000.00

Full Name (Last, First, Middle Initial)
B. Szpak, Carole

Mailing Address
325 7th Street, NW Ste. 625

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee
C

Name of Employer Occupation
NAPHS

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **2,500.00**

Date of Receipt
09/25/2003

Amount of Each Receipt this Period
2,500.00

Full Name (Last, First, Middle Initial)
C. Recupero, Patricia

Mailing Address
37 Ellway

City State Zip Code
Providence RI 02906

FEC ID number of contributing federal political committee
C

Name of Employer Occupation
Butler Hospital

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **1,000.00**

Date of Receipt
09/25/2003

Amount of Each Receipt this Period
1,000.00

SUBTOTAL of Receipts This Page (optional) **5,500.00**

TOTAL This Period (last page this line number only) **5,500.00**

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

**SCHEDULE A (FEC Form SX)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 15

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

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NAME OF COMMITTEE (in Full)

National Association of Psychiatric Health Systems Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ramsay, Diana

Mailing Address

6501 N. Charles Street

City

Baltimore

State

MD

Zip Code

21204

FEC ID number of contributing federal political committee

C

Name of Employer

Occupation

Sheppard Pratt Health

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

5 0 0 0 0 0

Date of Receipt

0 9 / 2 4 / 2 0 0 3

Amount of Each Receipt this Period

5 0 0 0 0 0

Full Name (Last, First, Middle Initial)

B. Disney, David A.

Mailing Address

603 Main Street

City

Windermere

State

FL

Zip Code

34786

FEC ID number of contributing federal political committee

C

Name of Employer

Occupation

United Medical Corp

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1 0 0 0 0 0

Date of Receipt

0 9 / 2 4 / 2 0 0 3

Amount of Each Receipt this Period

1 0 0 0 0 0

Full Name (Last, First, Middle Initial)

C. Simon, Jeffrey M.

Mailing Address

Stoneleigh Ave, RD # 13, #202

City

Carmel

State

NY

Zip Code

10512

FEC ID number of contributing federal political committee

C

Name of Employer

Occupation

Carmel Psychological Assoc.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2 5 0 0 0 0

Date of Receipt

0 9 / 2 4 / 2 0 0 3

Amount of Each Receipt this Period

2 5 0 0 0 0

SUBTOTAL of Receipts This Page (optional)

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 OF 15

(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**

Full Name (Last, First, Middle Initial)
A. Covall, Mark

Mailing Address
325 7th Street, NW Ste. 625

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee
C

Name of Employer Occupation
NAPHS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5,000.00

Date of Receipt
09 24 2003

Amount of Each Receipt this Period
5,000.00

Full Name (Last, First, Middle Initial)
B. King, Dennis P.

Mailing Address
175 Running Hill Road

City State Zip Code
South Portland ME 04106

FEC ID number of contributing federal political committee
C

Name of Employer Occupation
Spring Harbor Hospital

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5,000.00

Date of Receipt
09 24 2003

Amount of Each Receipt this Period
5,000.00

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

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 Systems

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5,000.00

Date of Receipt
09 24 2003

Amount of Each Receipt this Period
5,000.00

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page has two numbers only) ▶

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)

PAGE 10 OF 15

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

Full Name (Last, First, Middle Initial)
A. Godbole, Anil

Mailing Address
836 W. Wellington, Ste 7318

City State Zip Code
Chicago IL 60657

FEC ID number of contributing federal political committee
C

Name of Employer Occupation
Advocate Behavioral Health

Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date
5,000.00

Date of Receipt
09 24 2003

Amount of Each Receipt this Period
5,000.00

Full Name (Last, First, Middle Initial)
B. Detor, Robert

Mailing Address
400 Sunrise Highway

City State Zip Code
Amyville NY 11701

FEC ID number of contributing federal political committee
C

Name of Employer Occupation
South Oaks Hospital

Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date
5,000.00

Date of Receipt
09 24 2003

Amount of Each Receipt this Period
5,000.00

Full Name (Last, First, Middle Initial)
C. Korman, Marshall

Mailing Address
510 4th Street South

City State Zip Code
Fargo ND 58103

FEC ID number of contributing federal political committee
C

Name of Employer Occupation
Prairie at St. Johns

Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date
5,000.00

Date of Receipt
09 24 2003

Amount of Each Receipt this Period
5,000.00

SUBTOTAL of Receipts This Page (optional) **15,000.00**

TOTAL This Period (last page this line number only) **15,000.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 11 OF 15	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 18	<input type="checkbox"/> 19	<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

A. Full Name (Last, First, Middle Initial)
Salberg, Jack

Mailing Address
6334 Panorama Drive

City **Brentwood** State **TN** Zip Code **37027**

FEC ID number of contributing federal political committee
C

Name of Employer **Psychiatric Solutions** Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date
5,000.00

Date of Receipt
1 2 1 7 2 0 0 3

Amount of Each Receipt this Period
5,000.00

B. Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee
C

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date _____

Date of Receipt _____

Amount of Each Receipt this Period _____

C. Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee
C

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date _____

Date of Receipt _____

Amount of Each Receipt this Period _____

SUBTOTAL of Receipts 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)		PAGE <u>12</u> OF <u>15</u>		
<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"/> 30a

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NAME OF COMMITTEE (in Full)
National Association of Psychiatric Health Systems Political Action Committee

Full Name (Last, First, Middle Initial)
The Judd Gregg Committee

Mailing Address
P.O. Box 1812

City **Concord** State **NH** Zip Code **03302**

Purpose of Disbursement
Fundraising

Candidate Name
Judd Gregg

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **NH** District:

Date of Disbursement
07 10 2003

Amount of Each Disbursement this Period
1000.00

Category/Type
003

Full Name (Last, First, Middle Initial)
John Kyl for U.S. Senate

Mailing Address
P.O. Box 10246

City **Phoenix** State **AZ** Zip Code **85064**

Purpose of Disbursement
Fundraising

Candidate Name
John Kyl

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **AZ** District:

Date of Disbursement
07 15 2003

Amount of Each Disbursement this Period
1000.00

Category/Type
003

Full Name (Last, First, Middle Initial)
The Billy Tauzin Committee

Mailing Address
P.O. Box 1407

City **Thibodaux** State **LA** Zip Code **70301**

Purpose of Disbursement
Fundraising

Candidate Name
Billy Tauzin

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **LA** District:

Date of Disbursement
09 10 2003

Amount of Each Disbursement this Period
2000.00

Category/Type
003

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Page (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 13 OF 15

21a 22 23 24 25 26
 27 28a 28b 29

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NAME OF COMMITTEE (In Full)

National Association of Psychiatric Health Systems Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jim Ramstad Volunteer Committee

Date of Disbursement

03/23/2003

Mailing Address

4451 Brookfield Corporate Dr., Ste 200

City State Zip Code

Chantilly VA 20151-1693

Purpose of Disbursement

Fundraising

003
Category Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

Jim Ramstad

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: MN District:

Full Name (Last, First, Middle Initial)

B. Tim Murphy for Congress

Date of Disbursement

09/30/2003

Mailing Address

128 North Columbus Street

City State Zip Code

Alexandria VA 22314

Purpose of Disbursement

Fundraising

003
Category Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

Tim Murphy

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: PA District:

Full Name (Last, First, Middle Initial)

C. The Pryce Project

Date of Disbursement

09/30/2003

Mailing Address

2042 Peach Orchard Drive

City State Zip Code

Falls Church VA 22043

Purpose of Disbursement

Fundraising

003
Category Type

Amount of Each Disbursement this Period

2000.00

Candidate Name

Deborah Pryce

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: OH District:

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"/> 28	<input type="checkbox"/> 30a

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NAME OF COMMITTEE (in Full)
National Association of Psychiatric Health Systems Political Action Committee

Full Name (Last, First, Middle Initial)

Friends of Gordon Smith

Mailing Address

228 South Washington Street, Ste 200

City State Zip Code
Alexandria VA 22314

Purpose of Disbursement

Fundraising

Candidate Name

Gordon Smith

Office Sought

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **OR** District:

Date of Disbursement

10 14 2003

Amount of Each Disbursement this Period

100000

003
Category/Type

Full Name (Last, First, Middle Initial)

America's Majority Trust (Rob Portman)

Mailing Address

1331 H Street, NW 12 th Floor

City State Zip Code
Washington DC 20005

Purpose of Disbursement

Fundraising

Candidate Name

Rob Portman

Office Sought

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **OH** District:

Date of Disbursement

10 21 2003

Amount of Each Disbursement this Period

100000

003
Category/Type

Full Name (Last, First, Middle Initial)

Congressman Waxman Campaign Committee

Mailing Address

8665 Wilshire Boulevard, Ste 220

City State Zip Code
Beverly Hills CA 90211

Purpose of Disbursement

Fundraising

Candidate Name

Henry Waxman

Office Sought

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **CA** District:

Date of Disbursement

10 20 2003

Amount of Each Disbursement this Period

100000

003
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"/> 25	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28b	<input type="checkbox"/> 28a	<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

Full Name (Last, First, Middle Initial)

A **Mike Bilirakis for Congress**

Date of Disbursement

11/13/2003

Mailing Address
P.O. Box 1077

City State Zip Code
Taxpon Springs FL 34688

Purpose of Disbursement
Fundraising

0,0,3
Category Type

Amount of Each Disbursement this Period

2,000.00

Candidate Name
Mike Bilirakis

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

State: FL District

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Category Type

Amount of Each Disbursement this Period

Candidate Name

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

State: District

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Category Type

Amount of Each Disbursement this Period

Candidate Name

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

State: District

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1,200.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/>	Hand Delivered	Date of Receipt <i>1-29-04</i>
<input type="checkbox"/>	First Class Mail	POSTMARKED
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<input type="checkbox"/>	No Postmark	
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<i>J.L.S.</i> PREPARER		<i>1-29-04</i> DATE PREPARED