

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

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

FOR LINE NUMBER: PAGE 12 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association for Behavioral Healthcare PAC (NABH Champions PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Page, Steven, , ,

Mailing Address 191 Lewis Lane

City

Fair Haven

State

NJ

Zip Code

07704

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Sun Behavioral Health

Occupation (for Individual)

CEO

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2019

Transaction ID : SA11AI.9302

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Parker, Donald, , ,

Mailing Address PO Box 147 252 County Road 601

City

Belle Mead

State

NJ

Zip Code

08502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Hackensack Meridian Health Car

Occupation (for Individual)

President

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2019

Transaction ID : SA11AI.9234

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pritchard, Jeffrey, , ,

Mailing Address 414 Timber Walk Ct

City

Springboro

State

OH

Zip Code

45066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Springstone, Inc.

Occupation (for Individual)

VP of Operations

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 09 / 2019

Transaction ID : SA11AI.9315

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

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

2500.00