

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 9 / 14 |
| | (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. David White | | Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2006 |
| Mailing Address 5308 Park Ridge Road | | Transaction ID: SA11A1.5403 |
| City State Zip Code Flower Mound TX 75022 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer Horizon Health Beh. Health Srv | Occupation President | |
| 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. Stephen Witt | | Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2006 |
| Mailing Address 7 Sedona | | Transaction ID: SA11A1.5401 |
| City State Zip Code Foothill Ranch CA 92610 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | Contribution |
| Name of Employer College Hospital | 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) ▶ | 750.00 |
| TOTAL This Period (last page this line number only) ▶ | 5300.00 |