

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) 701 13TH STREET NW SUITE 950
 Check if different than previously reported. (ACC)
WASHINGTON DC 20005

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 2007 through 06 30 2007

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 Mr. Mark J. Covall

Signature of Treasurer Electronically Filed by Mr. Mark J. Covall Date 04 14 2008

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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		50172.33
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	50172.33									
(c) Total Receipts (from Line 19)	39344.83	39344.83								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	89517.16	89517.16								
7. Total Disbursements (from Line 31)	28569.15	28569.15								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	60948.01	60948.01								
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:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	31250.00	31250.00
(i) Itemized (use Schedule A)	3075.00	3075.00
(ii) Unitemized	34325.00	34325.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	5000.00	5000.00
(c) Other Political Committees (such as PACs)	39325.00	39325.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
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.)	19.83	19.83
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))	39344.83	39344.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	39344.83	39344.83

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	28000.00	28000.00
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.....	569.15	569.15
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))..	28569.15	28569.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28569.15	28569.15

DETAILED SUMMARY PAGE
of Disbursements

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)	39325.00	39325.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39325.00	39325.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 29
(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 (N-APHS/PAC

A.

Full Name (Last, First, Middle Initial)
Stephen Albrecht

Mailing Address 11206 Creek Haven Drive

City State Zip Code
Riverview FL 33569

FEC ID number of contributing federal political committee. C

Name of Employer Youth & Family Centered Service
Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
04 / 27 / 2007

Transaction ID: SA11AI.5604

Amount of Each Receipt this Period
250.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Stephanie Austin

Mailing Address 7351 Standifer Gap Road

City State Zip Code
Chattanooga TN 37421

FEC ID number of contributing federal political committee. C

Name of Employer Cumberland Hall Chattanooga
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 15 / 2007

Transaction ID: SA11AI.5636

Amount of Each Receipt this Period
250.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Jack Barzilai

Mailing Address 6640 Carothers Parkway Suite 500

City State Zip Code
Franklin TN 37067

FEC ID number of contributing federal political committee. C

Name of Employer Psychiatric Solutions
Occupation Divisional CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
04 / 18 / 2007

Transaction ID: SA11AI.5542

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: PAGE 7 / 29
(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

<p>A. Full Name (Last, First, Middle Initial) Carol Bickelman</p> <p>Mailing Address 2700 Campbell Road, NW</p> <p>City State Zip Code Albuquerque NM 87104</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Youth & Family Centered Service</p> <p>Occupation Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 04 / 27 / 2007</p> <p>Transaction ID: SA11AI.5590</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Contribution</p>
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<p>B. Full Name (Last, First, Middle Initial) Ms Barbara Blevins</p> <p>Mailing Address 3168 W. Gallaher Ferry Road</p> <p>City State Zip Code Knoxville TN 37932</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Peninsula Behavioral Health</p> <p>Occupation President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 04 / 05 / 2007</p> <p>Transaction ID: SA11AI.5533</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Contribution</p>
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<p>C. Full Name (Last, First, Middle Initial) Chris Boling</p> <p>Mailing Address 411 Estes Road</p> <p>City State Zip Code Fordyce AR 71742</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Youth & Family Centered Service</p> <p>Occupation Divisional Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 04 / 27 / 2007</p> <p>Transaction ID: SA11AI.5578</p> <p>Amount of Each Receipt this Period 300.00</p> <p>Contribution</p>
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SUBTOTAL of Receipts This Page (optional)	1050.00
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 8 / 29
	<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) Dr. Jeff Borenstein	Date of Receipt MM / DD / YYYY 06 / 12 / 2007
	Mailing Address 87-37 Palermo Street	Transaction ID: SA11AI.5633
	City Holliswood State NY Zip Code 11423-1209	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Holliswood Hospital Occupation CEO 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. Terry Bridges	Date of Receipt MM / DD / YYYY 04 / 12 / 2007
	Mailing Address 840 Crescent Centre Drive # 460	Transaction ID: SA11AI.5534
	City Franklin State TN Zip Code 37067	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Psychiatric Solutions, Inc. Occupation Division President 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) Mr. Michael Brooks	Date of Receipt MM / DD / YYYY 04 / 27 / 2007
	Mailing Address 2702 Barton's Bluff Lane	Transaction ID: SA11AI.5577
	City Austin State TX Zip Code 78746	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Youth & Family Centered Svcs. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	

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: (check only one)	PAGE 9 / 29
	<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) Laura M. Brown	Date of Receipt MM / DD / YYYY 05 / 07 / 2007
	Mailing Address 17720 Corporate Woods Drive	Transaction ID: SA11AI.5566
	City State Zip Code San Antonio TX 78259	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Laurel Ridge CFO	
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) Marina Cecchini	Date of Receipt MM / DD / YYYY 05 / 18 / 2007
	Mailing Address 4010 NW 89th Boulevard	Transaction ID: SA11AI.5631
	City State Zip Code Gainesville FL 32606	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Shands Healthcare Hospital Administrator	
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) Philip R. Cook	Date of Receipt MM / DD / YYYY 04 / 20 / 2007
	Mailing Address 6640 Carothers Parkway Suite 500	Transaction ID: SA11AI.5545
	City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Psychiatric Solutions President, Mid America Div.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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: (check only one)	PAGE 10 / 29
	<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) Mr. Mark J. Covall	Date of Receipt MM / DD / YYYY 04 / 25 / 2007
	Mailing Address 701 13th Street, NW Suite 950	Transaction ID: SA11AI.5556
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer National Association of Psychi Occupation Executive Director 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. Tom Croffut	Date of Receipt MM / DD / YYYY 03 / 19 / 2007
	Mailing Address 840 Crescent Centre Drive # 460	Transaction ID: SA11AI.5529
	City Franklin State TN Zip Code 37067	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Psychiatric Solutions, In- c. Occupation Hospital Finance 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) Isa Diaz	Date of Receipt MM / DD / YYYY 05 / 07 / 2007
	Mailing Address 9300 South Dadeland Blvd # 307	Transaction ID: SA11AI.5565
	City Miami State FL Zip Code 33156	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Psychiatric Solutions, In- c. Occupation VP of Public Affairs 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)	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: (check only one)	PAGE 11 / 29
	<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 Dizney		Date of Receipt
	Mailing Address P.O. Box 1100		<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
	Windermere	FL	34786
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5656
Name of Employer United Medical Corporation		Occupation 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"/> 500.00
			Contribution

B.	Full Name (Last, First, Middle Initial) Len Dziobla		Date of Receipt
	Mailing Address 1744 N. Farwell Avenue		<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
	Milwaukee	WI	43202
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5557
Name of Employer Phoenix Care Systems		Occupation CEO/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"/> 1000.00
			Contribution

C.	Full Name (Last, First, Middle Initial) Joy Figarsky		Date of Receipt
	Mailing Address 8 Warblers Cove		<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
	Little Rock	AR	72211
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5607
Name of Employer Youth & Family Centered Serv		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"/> 300.00
			Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1800.00
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 12 / 29
(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. Ron Fincher

Mailing Address 840 Crescent Centre Drive
460

City Franklin State TN Zip Code 37067

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

Name of Employer Psychiatric Solutions, Inc.
Occupation Division President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 08 / 2007
Transaction ID: SA11AI.5628
 Amount of Each Receipt this Period 500.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Roberta Fullerton

Mailing Address 7502 Rustic Valley Drive

City Dallas State TX Zip Code 75248

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

Name of Employer Youth & Family Centered Service
Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 27 / 2007
Transaction ID: SA11AI.5582
 Amount of Each Receipt this Period 250.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Gary Gilberti

Mailing Address 43 Newell Drive

City Franklin State MA Zip Code 02038

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

Name of Employer Arbour-Fuller Hospital
Occupation CEO/Group Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 07 / 2007
Transaction ID: SA11AI.5563
 Amount of Each Receipt this Period 500.00
 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 13 / 29

(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)
Andy Hanner

Mailing Address 2028 Wheat St.

City State Zip Code
Columbia SC 29205

FEC ID number of contributing federal political committee. C

Name of Employer Three Rivers Behavioral Health
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 07 / 2007

Transaction ID: SA11AI.5559

Amount of Each Receipt this Period
1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Ms. Roxane Harcourt

Mailing Address 6511 Stone Crossing Drive
Apt. A

City State Zip Code
Indianapolis IN 46227

FEC ID number of contributing federal political committee. C

Name of Employer Youth Family & Centered Svcs.
Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
04 / 27 / 2007

Transaction ID: SA11AI.5587

Amount of Each Receipt this Period
250.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Ms Lisa Herman

Mailing Address 6920 Silver Tree Drive

City State Zip Code
Indianapolis IN 46236

FEC ID number of contributing federal political committee. C

Name of Employer Youth & Family Centered Svcs.
Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
04 / 27 / 2007

Transaction ID: SA11AI.5568

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 14 / 29
(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)

<p>A. Full Name (Last, First, Middle Initial) Ms Lisa Herman</p> <p>Mailing Address 6920 Silver Tree Drive</p> <p>City State Zip Code Indianapolis IN 46236</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Youth & Family Centered Svcs. Occupation Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 04 / 27 / 2007</p> <p>Transaction ID: SA11AI.5569</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Contribution</p>
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<p>B. Full Name (Last, First, Middle Initial) Ms Lisa Herman</p> <p>Mailing Address 6920 Silver Tree Drive</p> <p>City State Zip Code Indianapolis IN 46236</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Youth & Family Centered Svcs. Occupation Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt 04 / 27 / 2007</p> <p>Transaction ID: SA11AI.5623</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Contribution</p>
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<p>C. Full Name (Last, First, Middle Initial) Lisa Hilton</p> <p>Mailing Address 1013 Main Street South</p> <p>City State Zip Code Mendenhall MS 39114</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Youth & Family Centered Svcs. Occupation Administrator</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 04 / 27 / 2007</p> <p>Transaction ID: SA11AI.5599</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Contribution</p>
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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 15 / 29
(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

<p>A. Full Name (Last, First, Middle Initial) Mr. Chris Howard</p> <p>Mailing Address 840 Crescent Centre Drive # 460</p> <p>City State Zip Code Frankline TN 37067</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Psychiatric Solutions Occupation: Exec. VP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt 04 / 23 / 2007</p> <p>Transaction ID: SA11AI.5550</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Contribution</p>
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<p>B. Full Name (Last, First, Middle Initial) Mr. Joey Jacobs</p> <p>Mailing Address 9229 Hunterboro Drive</p> <p>City State Zip Code Brentwood TN 37027</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Psychiatric Solutions, Inc. Occupation: Chairman, President, & CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>	<p>Date of Receipt 04 / 12 / 2007</p> <p>Transaction ID: SA11AI.5535</p> <p>Amount of Each Receipt this Period 5000.00</p> <p>Contribution</p>
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<p>C. Full Name (Last, First, Middle Initial) Mr. Chris Jagoditz</p> <p>Mailing Address 1478 Osprey Way</p> <p>City State Zip Code Greenwood IN 46143</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Youth & Family Centered Svcs. Occupation: CFO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 350.00</p>	<p>Date of Receipt 04 / 27 / 2007</p> <p>Transaction ID: SA11AI.5620</p> <p>Amount of Each Receipt this Period 350.00</p> <p>Contribution</p>
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SUBTOTAL of Receipts This Page (optional)	6350.00
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 16 / 29
(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)
Michael Johnson

Mailing Address 9256 Windrift Way

City State Zip Code
 Zionsville IN 46077

FEC ID number of contributing federal political committee. C

Name of Employer: Youth and Family Centered Serv
 Occupation: Divisional Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
04 / 27 / 2007

Transaction ID: SA11AI.5573

Amount of Each Receipt this Period
250.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Lowell Keig

Mailing Address 5103 Ridgemoor

City State Zip Code
 Austin TX 78731

FEC ID number of contributing federal political committee. C

Name of Employer: Youth & Family Centered Svcs.
 Occupation: Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
04 / 27 / 2007

Transaction ID: SA11AI.5627

Amount of Each Receipt this Period
500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Scott Kelly

Mailing Address PO Box 615

City State Zip Code
 Fordwyce AR 71742

FEC ID number of contributing federal political committee. C

Name of Employer: Youth & Family Centered Serv
 Occupation: Divisional Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 08 / 2007

Transaction ID: SA11AI.5629

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: (check only one)	PAGE 17 / 29
	<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) Stephen Larcen		Date of Receipt
	Mailing Address 47 Oswegatchie Hills Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Niantic	CT	06357
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5654
Name of Employer Natchaug Hospital		Occupation Hospital CEO	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. Ray Luccasen		Date of Receipt
	Mailing Address 2121 Viking Circle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Birmingham	AL	35216
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5600
Name of Employer Youth & Family Centered Svcs.		Occupation CCO	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"/> 750.00
			Contribution

C.	Full Name (Last, First, Middle Initial) Ms. Mary L. Mastro		Date of Receipt
	Mailing Address 12410 Ridge Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Palos Park	IL	60464
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5495
Name of Employer Linden Oaks Hospital		Occupation 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"/> 1000.00
			CONTRIBUTIONS

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2000.00
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 18 / 29
	<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) Ron McClure	Date of Receipt MM / DD / YYYY 04 / 11 / 2007
	Mailing Address 664 Carothers Parkway Suite 500	Transaction ID: SA11AI.5536
	City Franklin State TN Zip Code 37067	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Psychiatric Solutions, Inc. Occupation CIO 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) Michael McCullough	Date of Receipt MM / DD / YYYY 04 / 23 / 2007
	Mailing Address 6640 Carothers Parkway Suite 500	Transaction ID: SA11AI.5551
	City Franklin State TN Zip Code 37067	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Psychiatric Solutions Occupation Manager 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) Mr. Mack Nunn	Date of Receipt MM / DD / YYYY 04 / 27 / 2007
	Mailing Address 1514 Preston Avenue	Transaction ID: SA11AI.5617
	City Austin State TX Zip Code 78703	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Youth & Family Centered Svcs. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 750.00	

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 19 / 29
(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)

<p>A. Full Name (Last, First, Middle Initial) Mr. George Perry</p> <p>Mailing Address 4310 Creekside Drive, # 2</p> <p>City State Zip Code Vienna OH 44473</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Psychiatric Solutions, Inc.</p> <p>Occupation CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 03 / 09 / 2007</p> <p>Transaction ID: SA11AI.5494</p> <p>Amount of Each Receipt this Period 500.00</p> <p>CONTRIBUTION</p>
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<p>B. Full Name (Last, First, Middle Initial) Mr. Jack Polson</p> <p>Mailing Address 840 Crescent Centre Drive # 460</p> <p>City State Zip Code Franklin TN 37067</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Psychiatric Solutions, Inc.</p> <p>Occupation Chief Accounting Officer</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 04 / 16 / 2007</p> <p>Transaction ID: SA11AI.5540</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Contribution</p>
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<p>C. Full Name (Last, First, Middle Initial) Ms. Diana Ramsay</p> <p>Mailing Address 6501 N. Charles Street</p> <p>City State Zip Code Baltimore MD 21204</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Sheppard Pratt Health System</p> <p>Occupation Executive VP/COO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 03 / 14 / 2007</p> <p>Transaction ID: SA11AI.5524</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Contribution</p>
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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: (check only one)	PAGE 20 / 29
	<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) Pamela Rhoads		Date of Receipt
	Mailing Address 10220 132nd St.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 4 / 1 6 / 2 0 0 7
	City	State	Zip Code
	Kirkland	WA	98034
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.5538
Name of Employer Fairfax Hospital		Occupation Accountant	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
		<input type="text"/> 250.00	Contribution

B.	Full Name (Last, First, Middle Initial) Dr. Richard Rowison		Date of Receipt
	Mailing Address 10840 Windermere Blvd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 4 / 2 7 / 2 0 0 7
	City	State	Zip Code
	Fishers	IN	48038
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.5589
Name of Employer Youth & Family Centered Svcs.		Occupation Midwest Reg. Clinical Dir.	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
		<input type="text"/> 250.00	Contribution

C.	Full Name (Last, First, Middle Initial) Mr. Bill B. Rutherford		Date of Receipt
	Mailing Address 840 Crescent Centre Drive #460		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 4 / 2 3 / 2 0 0 7
	City	State	Zip Code
	Franklin	TN	37067
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.5548
Name of Employer Psychiatric Solutions, Inc.		Occupation COO	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"/> 2000.00
		<input type="text"/> 2000.00	Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2500.00
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 21 / 29
	<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) Steven S. Scharfstein	Date of Receipt MM / DD / YYYY 03 / 19 / 2007
	Mailing Address 6501 N. Charles Street	Transaction ID: SA11AI.5526
	City State Zip Code Baltimore MD 21204	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Sheppard Pratt Health System Occupation CEO 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) Harold Schwartz	Date of Receipt MM / DD / YYYY 06 / 13 / 2007
	Mailing Address 200 Retreat Avenue	Transaction ID: SA11AI.5634
	City State Zip Code Hartford CT 06106	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Inst. of Living: Hartford Hosp. Occupation Psychiatrist-in-Chief 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) Mr. Kevin Sheehan	Date of Receipt MM / DD / YYYY 04 / 27 / 2007
	Mailing Address 1809 Chalk Rock Cv.	Transaction ID: SA11AI.5592
	City State Zip Code Austin TX 78735	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Youth & Family Centered Servc Occupation President/CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00

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: (check only one)	PAGE 22 / 29
	<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) Mr. Stephen Spence	Date of Receipt MM / DD / YYYY 04 / 27 / 2007
	Mailing Address 2451 W. Pebble Creek Dr.	Transaction ID: SA11AI.5616
	City State Zip Code Nixz MO 65714	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Youth Family & Centered Svcs.	Occupation Director	
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) Margaret Stept	Date of Receipt MM / DD / YYYY 04 / 27 / 2007
	Mailing Address 107 Belle Meade Blvd.	Transaction ID: SA11AI.5602
	City State Zip Code Flowood MS 39232	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Youth & Family Centered Svcs.	Occupation Director	
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) Mr. Brent Turner	Date of Receipt MM / DD / YYYY 03 / 30 / 2007
	Mailing Address 2001 Hunterwood Drive	Transaction ID: SA11AI.5532
	City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Psychiatric Solutions, Inc.	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1750.00
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 / 29

(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)
Denise M. Webb

Mailing Address 1100 First Colonial Rd.

City State Zip Code
Virginia Beach VA 23454

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Virginia Beach Psychiatric Ctr CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 14 / 2007

Transaction ID: SA11AI.5517

Amount of Each Receipt this Period 500.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Kim Wiltshire

Mailing Address 107 East Point Drive

City State Zip Code
Saltillo MS 38866

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Youth & Family Centered Service Divisional Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 27 / 2007

Transaction ID: SA11AI.5585

Amount of Each Receipt this Period 250.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Mr. Stephen Witt

Mailing Address 7 Sedona

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
College Hospital CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 19 / 2007

Transaction ID: SA11AI.5547

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 / 29	
	(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)

Richard Wohl

Mailing Address 17 Ashton Avenue

City	State	Zip Code
Vorhees	NJ	08043

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

Name of Employer Princeton House Behavioral Hea	Occupation Vice President
---	------------------------------

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY
05 / 07 / 2007

Transaction ID: SA11AI.5561

Amount of Each Receipt this Period

550.00

Contribution

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

31250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 29
(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)
PSYCHIATRIC SOLUTIONS INC FED PAC

Mailing Address 840 CRESCENT CENTRE DRIVE STE 460

City	State	Zip Code
FRANKLIN	TN	37067

FEC ID number of contributing federal political committee. **C** C00407684

Name of Employer Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 7 / 2 0 0 7

Transaction ID: SA11C.5652

Amount of Each Receipt this Period
5000.00

Contribution

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	5000.00

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)

PAGE 26 / 29

<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) AMERICA WORKS PAC	Transaction ID: SB23.5675 Date of Disbursement 06 / 15 / 2007	
	Mailing Address PO Box 76187 Suite 800		
	City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Contribution Candidate Name	Category/Type	
	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) ▼	
B.	Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee	Transaction ID: SB23.5657 Date of Disbursement 05 / 23 / 2007	
	Mailing Address 6380 Wilshire Blvd Suite 1612		
	City Los Angeles State CA Zip Code 90048	Amount of Each Disbursement this Period 2000.00	
	Purpose of Disbursement Contribution Candidate Name HENRY A. WAXMAN	Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2008	Transaction ID: SB23.5682 Date of Disbursement 03 / 19 / 2007	
	Mailing Address 5915 EASTMAN AVE. SUITE 100 5915 EASTMAN AVE. SUITE 100		
	City MIDLAND State MI Zip Code 48640	Amount of Each Disbursement this Period 5000.00	
	Purpose of Disbursement Contribution Candidate Name DAVID LEE CAMP	Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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) DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE	Transaction ID: SB23.5643 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7	
	Mailing Address 120 MARYLAND AVENUE NE		Amount of Each Disbursement this Period 1000.00
	City WASHINGTON State DC Zip Code 20002		
	Purpose of Disbursement Donation	011	Category/Type
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) FRIENDS OF JAY ROCKEFELLER	Transaction ID: SB23.5684 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7	
	Mailing Address PO BOX 1909		Amount of Each Disbursement this Period 5000.00
	City CHARLESTON State WV Zip Code 25327		
	Purpose of Disbursement Contribution	011	Category/Type
	Candidate Name JOHN DAVISON IV ROCKEFELLER		
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: WV District: 00	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) Friends of Kent Conrad	Transaction ID: SB23.5642 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7	
	Mailing Address 420 C Street, NE Lower Level PO Box 65314		Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20002		
	Purpose of Disbursement Donation	011	Category/Type
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	8000.00
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)

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<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) FRIENDS OF MAX BAUCUS		Transaction ID: SB23.5680	
	Mailing Address PO BOX 586		Date of Disbursement 01 / 26 / 2007	
	City HELENA	State MT	Zip Code 59624	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution		011	Category/ Type
Candidate Name MAX BAUCUS				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MT District: 00				
B.	Full Name (Last, First, Middle Initial) LEADERSHIP IN THE NEW CENTURY (LINC PAC)		Transaction ID: SB23.5677	
	Mailing Address 818 CONNECTICUT AVENUE NW STE 1100		Date of Disbursement 05 / 23 / 2007	
	City WASHINGTON	State DC	Zip Code 20006	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution			Category/ Type
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				
C.	Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS		Transaction ID: SB23.5499	
	Mailing Address PO Box 5577 MANHATTANVILLE STA		Date of Disbursement 02 / 07 / 2007	
	City New York	State NY	Zip Code 10027	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Donation		011	Category/ Type
Candidate Name CHARLES B RANGEL				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 15				

SUBTOTAL of Disbursements This Page (optional) ▶

12000.00

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

28000.00

**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)

PAGE 29 / 29

<input 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 checked="" 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

Mailing Address PO Box 563966

City
Charlotte

State
NC

Zip Code
28262-3966

Purpose of Disbursement
January to June fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB29.5666

Date of Disbursement

06 / 30 / 2007

Amount of Each Disbursement this Period

569.15

SUBTOTAL of Disbursements This Page (optional)

569.15

TOTAL This Period (last page this line number only)

569.15