

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, In- c. 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 M M / D D / Y Y Y Y 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, In- c. 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 M M / D D / Y Y Y Y 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 Sys- tem 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 M M / D D / Y Y Y Y 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)	