

**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"/> 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) Pamela Rhoads		Date of Receipt
	Mailing Address 10220 132nd St.		<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 04 / 16 / 2007
	City	State	Zip Code
	Kirkland	WA	98034
	FEC ID number of contributing federal political committee. C		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 <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 04 / 27 / 2007
	City	State	Zip Code
	Fishers	IN	48038
	FEC ID number of contributing federal political committee. C		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 <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 04 / 23 / 2007
	City	State	Zip Code
	Franklin	TN	37067
	FEC ID number of contributing federal political committee. C		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"/>