

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 7 OF 10
	<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 for Behavioral Healthcare PAC (NABH Champions PAC)

A. Fortunati, Frank, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 184 Liberty Street

City New Haven	State CT	Zip Code 06519
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yale New Haven Psychiatric Hos	Occupation (for Individual) Medical Director
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2018

Transaction ID : SA11AI.9206

Amount of Each Receipt this Period
500.00

Memo Item Contribution

B. Hammer, Patrick, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34700 Valley Road

City Oconomowoc	State WI	Zip Code 53066
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rogers Behavioral Health Syste	Occupation (for Individual) Healthcare CEO
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2018

Transaction ID : SA11AI.9213

Amount of Each Receipt this Period
1000.00

Memo Item Contribution

C. Stupak, John, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 87th Avenue, North

City St. Petersburg	State FL	Zip Code 33702
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sequel Youth and Family Servc	Occupation (for Individual) Administrator
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2018

Transaction ID : SA11AI.9216

Amount of Each Receipt this Period
1000.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	