

**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

CITY

STATE

ZIP CODE

C00107136

3. IS THIS REPORT

X

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 (12S)

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

2005

through

03

31

2005

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

13

2005

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. 02/2003)

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: ^M01 ^D01 ^Y2005 To: ^M03 ^D31 ^Y2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2005		21775.34
(b) Cash on Hand at Beginning of Reporting Period	21775.34	
(c) Total Receipts (from Line 19)	53397.68	53397.68
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	75173.02	75173.02
<hr/>		
7. Total Disbursements (from Line 31)	5674.61	5674.61
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	69498.41	69498.41
<hr/>		
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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: 01 01 2005 To: 03 31 2005

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		
(i) Itemized (use Schedule A)	24523.00	24523.00
(ii) Unitemized	28419.00	28419.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	52942.00	52942.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	450.00	450.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	53392.00	53392.00
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.)	5.68	5.68
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))	53397.68	53397.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	53397.68	53397.68

DETAILED SUMMARY PAGE

of Disbursements

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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.....	174.61	174.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	174.61	174.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5500.00	5500.00
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.....	0.00	0.00
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 ActMty (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))..	5674.61	5674.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31).....	5674.61	5674.61

DETAILED SUMMARY PAGE
of Disbursements

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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)	53392.00	53392.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	53392.00	53392.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	174.61	174.61
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	174.61	174.61

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

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

FOR LINE NUMBER: PAGE 6 / 23

(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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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)

Full Name (Last, First, Middle Initial) A. Mr. William A. Aniskovich		Date of Receipt M / D / Y 03 / 09 / 2005
Mailing Address 15 Grove Avenue		Transaction ID: SA11A1.4445
City Branford	State CT	Zip Code 06405
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer Stonington Institute	Occupation CEO/Managing Director	Aggregate Year-to-Date ▼ 800.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Paul Arken		Date of Receipt M / D / Y 02 / 25 / 2005
Mailing Address 44 Hill Top Road		Transaction ID: SA11A1.4147
City Weston	State MA	Zip Code 02493
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Westwood Lodge	Occupation Asst. Medical Director	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Edwin Bennett		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 217 Armena Road		Transaction ID: SA11A1.4384
City Leesburg	State GA	Zip Code 31767
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Turning Point Hospital	Occupation Controller	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1350.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 23

(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. Ms Barbara Blevis Full Name (Last, First, Middle Initial) Mailing Address 318B W. Gallaher Ferry Road City State Zip Code Knoxville TN 37832 FEC ID number of contributing federal political committee. C Name of Employer Peninsula Behavioral Health Occupation President Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M / D / Y 03 / 23 / 2005 Transaction ID: SA11A1.4932 Amount of Each Receipt this Period 1000.00
B. Mr. Michael Brooks Full Name (Last, First, Middle Initial) Mailing Address 2702 Barton's Bluff Lane City State Zip Code Austin TX 78746 FEC ID number of contributing federal political committee. C Name of Employer Youth & Family Centered Svcs. Occupation VP of Development Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M / D / Y 03 / 08 / 2005 Transaction ID: SA11A1.4748 Amount of Each Receipt this Period 1000.00
C. Ms Elaine Christina Full Name (Last, First, Middle Initial) Mailing Address 2530 DeBarr Road City State Zip Code Anchorage AK 99508 FEC ID number of contributing federal political committee. C Name of Employer North Star Behavioral Health Occupation COO Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 335.00		Date of Receipt M / D / Y 03 / 11 / 2005 Transaction ID: SA11A1.4781 Amount of Each Receipt this Period 335.00

SUBTOTAL of Receipts TN's Page (optional) ► **2335.00**

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

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

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FOR LINE NUMBER: PAGE 8 / 23
(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)

Full Name (Last, First, Middle Initial) A. Mr. Mark J. Covall		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 15089 Stillfield Place		Transaction ID: SA11A1.4108
City	State	Zip Code
Centerville	VA	20120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer National Association of Psychi	Occupation Executive Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Valerie Devereaux		Date of Receipt M / D / Y 03 / 30 / 2005
Mailing Address 5100 North Ocean Blvd. # 1013		Transaction ID: SA11A1.4942
City	State	Zip Code
Lauderdale By The	FL	33308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Atlantic Shores Healthcare	Occupation Director of Clinical Services	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Ms Nina Elaner		Date of Receipt M / D / Y 03 / 09 / 2005
Mailing Address 1109 Sheffield Place		Transaction ID: SA11A1.4522
City	State	Zip Code
Lexington	KY	40508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 270.00
Name of Employer The Ridge Behavioral HS	Occupation CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional)	2270.00
TOTAL This Period (last page this line number only)	

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

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FOR LINE NUMBER: PAGE 9 / 23
(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)

Full Name (Last, First, Middle Initial) A. Mr. Roy Ettinger		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 837 Dedham Street		Transaction ID: SA11A1.4914
City Newton	State MA	Zip Code 02459
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Arbour Hospital	Occupation CEO/Regional VP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Mr. James Gallagher		Date of Receipt M / D / Y 03 / 09 / 2005
Mailing Address 8 Westminster Drive		Transaction ID: SA11A1.4682
City Annandale	State NJ	Zip Code 08807
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Hampton Hospital	Occupation CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. Mr. Gregory B. Getman		Date of Receipt M / D / Y 03 / 09 / 2005
Mailing Address Taylor At Marion Street		Transaction ID: SA11A1.4443
City Columbia	State SC	Zip Code 29220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Palmetto Health	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1125.00
TOTAL This Period (last page this line number only)	

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

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FOR LINE NUMBER: PAGE 10 / 23
(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)

Full Name (Last, First, Middle Initial) A. Mr. Greg Gilman		Date of Receipt M / D / Y 03 / 30 / 2005
Mailing Address 3891 W. Valley View Drive		Transaction ID: SA11A1.4940
City	State	Zip Code
Cedar Hills	UT	84062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Provo Canyon School	Occupation CEO/Managing Director	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Edwin L. Grimes		Date of Receipt M / D / Y 03 / 03 / 2005
Mailing Address 8002 Lyndhurst		Transaction ID: SA11A1.4286
City	State	Zip Code
San Angelo	TX	76901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer River Crest Hospital	Occupation CEO	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Ray Heckerman		Date of Receipt M / D / Y 03 / 03 / 2005
Mailing Address 122 Slate Circle		Transaction ID: SA11A1.4305
City	State	Zip Code
Savannah	GA	31419
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 860.00
Name of Employer Coastal Harbor Treatment	Occupation CEO	Aggregate Year-to-Date ▼ 860.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1410.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 11 / 23

(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)

Full Name (Last, First, Middle Initial) A. Mr. Edward Irby		Date of Receipt M / D / Y 03 / 30 / 2005
Mailing Address 240 Corporate Blvd.		Transaction ID: SA11A1.4944
City Norfolk	State VA	Zip Code 24502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Alternative Behavioral Service	Occupation CEO	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Joey Jacobs		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address 840 Crescent Centre Drive # 48D		Transaction ID: SA11A1.4798
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Psychiatric Solutions, Inc.	Occupation CEO	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ms Diane Kiddy		Date of Receipt M / D / Y 03 / 30 / 2005
Mailing Address 340B Warden Drive		Transaction ID: SA11A1.4936
City Philadelphia	State PA	Zip Code 19129
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Universal Health Services	Occupation Director of Government Affairs	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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

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FOR LINE NUMBER: PAGE 12 / 23

(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)

Full Name (Last, First, Middle Initial) A. Dr. Paul King		Date of Receipt M / D / Y 03 / 09 / 2005
Mailing Address 8135 Goodman Road		Transaction ID: SA11A1.4708
City Olive Branch	State MS	Zip Code 38654
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Parkwood Behavioral HS	Occupation Medical Director	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Joel Klein		Date of Receipt M / D / Y 03 / 09 / 2005
Mailing Address 148 Mountain Valley Drive		Transaction ID: SA11A1.4587
City Maumelle	State AZ	Zip Code 72113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The BridgeWay	Occupation CEO	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Marshal Korman		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 22525 9th Street S.		Transaction ID: SA11A1.4930
City Fargo	State ND	Zip Code 58103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Prairie St. John's	Occupation CEO	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

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

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FOR LINE NUMBER: PAGE 13 / 23
(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)

Full Name (Last, First, Middle Initial) A. Mr. Ray Luccasen		Date of Receipt M / D / Y 03 / 09 / 2005
Mailing Address 2121 Viking Circle		Transaction ID: SA11A1.4750
City	State	Zip Code
Birmingham	AL	35216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Youth & Family Centered Svcs.	Occupation OCO	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Daniel Madones		Date of Receipt M / D / Y 03 / 11 / 2005
Mailing Address 253D DeBarr Road		Transaction ID: SA11A1.4785
City	State	Zip Code
Anchorage	AK	99508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 333.00
Name of Employer North Star Behavioral Health	Occupation Chief Medical Officer	Aggregate Year-to-Date ▼ 333.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Mark Mayo		Date of Receipt M / D / Y 03 / 09 / 2005
Mailing Address 8135 Goodman Road		Transaction ID: SA11A1.4725
City	State	Zip Code
Olive Branch	MS	38654
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Parkwood Behavioral HS	Occupation CEO	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1233.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 14 / 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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

Full Name (Last, First, Middle Initial) A. Dr. Regina Moller		Date of Receipt M / D / Y 03 / 09 / 2005
Mailing Address 98 Dean Road		Transaction ID: SA11A1.4461
City E. Lyme	State CT	Zip Code 06333
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Stonington Institute	Occupation Clinical Director/Risk Mgr.	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Lisa Montes		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address PO Box 6305		Transaction ID: SA11A1.4884
City Anaheim	State CA	Zip Code 92816
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Del Amo Hospital	Occupation CEO	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mrs. Jennifer Nolan		Date of Receipt M / D / Y 02 / 25 / 2005
Mailing Address 15117 Brewster Road		Transaction ID: SA11A1.4195
City Covington	State LA	Zip Code 70433
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 326.00
Name of Employer River Oaks Hospital	Occupation CEO	Aggregate Year-to-Date ▼ 326.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	376.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 15 / 23
(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)

Full Name (Last, First, Middle Initial) A. Mr. Craig Nuckles		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 4500 Samuel Blvd.		Transaction ID: SA11A1.4918
City	State	Zip Code
Dallas	TX	75315
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Timberlawn Mental Health System	Occupation Group Director	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Mark Nunn		Date of Receipt M / D / Y 03 / 08 / 2005
Mailing Address 1514 Preston Avenue		Transaction ID: SA11A1.4755
City	State	Zip Code
Austin	TX	78709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Youth & Family Centered Svcs.	Occupation CFO	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Michael Perry		Date of Receipt M / D / Y 03 / 03 / 2005
Mailing Address 2205 Cherokee Circle		Transaction ID: SA11A1.4243
City	State	Zip Code
Valparaiso	IN	46383
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Midwest Center for Y&F	Occupation CEO/Managing Director	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 23
(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)

Full Name (Last, First, Middle Initial) A. Ms Vicki Pevsner		Date of Receipt M / D / Y Y Y Y 03 / 01 / 2005
Mailing Address 2255 Broadway Drive		Transaction ID: SA11A1.4121
City Hattiesburg	State MS	Zip Code 39402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Pine Grove	Occupation Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Ms. Diana Ramsey		Date of Receipt M / D / Y Y Y Y 03 / 23 / 2005
Mailing Address 21 E. Churchill Street		Transaction ID: SA11A1.4934
City Baltimore	State MD	Zip Code 21230
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Sheppard Pratt Health System	Occupation Executive VP/COO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Ms Patricia Recupero		Date of Receipt M / D / Y Y Y Y 02 / 18 / 2005
Mailing Address 37 Elmway		Transaction ID: SA11A1.4110
City Providence	State RI	Zip Code 02508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Butler Hospital	Occupation President/CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 17 / 23
(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)

Full Name (Last, First, Middle Initial) A. Ms Janice Richardson		Date of Receipt M / D / Y Y Y Y 03 / 03 / 2005
Mailing Address 821 Preakness Way		Transaction ID: SA11A1.4268
City	State	Zip Code
Bowling Green	KY	42104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Rivendell Behavioral Health	Occupation CEO	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms Janice Richardson		Date of Receipt M / D / Y Y Y Y 03 / 03 / 2005
Mailing Address 821 Preakness Way		Transaction ID: SA11A1.4268
City	State	Zip Code
Bowling Green	KY	42104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 190.00
Name of Employer Rivendell Behavioral Health	Occupation CEO	Aggregate Year-to-Date ▼ 690.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Raul G. Rodriguez, M.D.		Date of Receipt M / D / Y Y Y Y 03 / 03 / 2005
Mailing Address P.O. Box 6081B		Transaction ID: SA11A1.4278
City	State	Zip Code
San Angelo	TX	76901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer River Crest Hospital	Occupation Manager	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	940.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 18 / 23
(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)

Full Name (Last, First, Middle Initial) A. Mr. Jack Salberg		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address 840 Crescent Centre Drive # 460		Transaction ID: SA11A1.4800
City	State	Zip Code
Franklin	TN	37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Psychiatric Solutions, In- c.	Occupation OOO	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Kevin Sheehan		Date of Receipt M / D / Y 02 / 25 / 2005
Mailing Address 1809 Chalk Rock Cv.		Transaction ID: SA11A1.4149
City	State	Zip Code
Austin	TX	78735
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Youth & Family Centered Servic	Occupation Chairman, CEO, President	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Joseph Sheehy		Date of Receipt M / D / Y 03 / 09 / 2005
Mailing Address 131D E. Ridgefield Drive		Transaction ID: SA11A1.4848
City	State	Zip Code
Mahomet	IL	61853
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The Pavilion	Occupation CEO	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	2250.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 10 / 23
(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) Mr. James Shill</p> <p>Mailing Address 253D DeBarr Road</p> <p>City Anchorage State AK Zip Code 99508</p> <p>FEC ID number of contributing federal political committee. C</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"> Name of Employer North Star Behavioral Health </td> <td style="width:30%;"> Occupation CEO </td> <td style="width:40%;"></td> </tr> <tr> <td> Receipt For: Primary General Other (specify) ▼ </td> <td colspan="2"> Aggregate Year-to-Date ▼ <div style="text-align: right;">334.00</div> </td> </tr> </table>	Name of Employer North Star Behavioral Health	Occupation CEO		Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ <div style="text-align: right;">334.00</div>		<p>Date of Receipt M / D / Y Y Y Y 03 / 11 / 2005</p> <p>Transaction ID: SA11A1.4783</p> <p>Amount of Each Receipt this Period <div style="text-align: right;">334.00</div> </p>
Name of Employer North Star Behavioral Health	Occupation CEO						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ <div style="text-align: right;">334.00</div>						

<p>B. Full Name (Last, First, Middle Initial) Mr. Bob Spiegel</p> <p>Mailing Address 30 Michael Lane</p> <p>City Andover State MA Zip Code 01810</p> <p>FEC ID number of contributing federal political committee. C</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"> Name of Employer Westwood Lodge </td> <td style="width:30%;"> Occupation CEO </td> <td style="width:40%;"></td> </tr> <tr> <td> Receipt For: Primary General Other (specify) ▼ </td> <td colspan="2"> Aggregate Year-to-Date ▼ <div style="text-align: right;">400.00</div> </td> </tr> </table>	Name of Employer Westwood Lodge	Occupation CEO		Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ <div style="text-align: right;">400.00</div>		<p>Date of Receipt M / D / Y Y Y Y 02 / 25 / 2005</p> <p>Transaction ID: SA11A1.4125</p> <p>Amount of Each Receipt this Period <div style="text-align: right;">400.00</div> </p>
Name of Employer Westwood Lodge	Occupation CEO						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ <div style="text-align: right;">400.00</div>						

<p>C. Full Name (Last, First, Middle Initial) Dr. Thambipillai Gurashkumar</p> <p>Mailing Address 8504 Parkwood Lane</p> <p>City Philadelphia State PA Zip Code 19128</p> <p>FEC ID number of contributing federal political committee. C</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"> Name of Employer Fairmount Behavioral Institute </td> <td style="width:30%;"> Occupation Chief Medical Officer </td> <td style="width:40%;"></td> </tr> <tr> <td> Receipt For: Primary General Other (specify) ▼ </td> <td colspan="2"> Aggregate Year-to-Date ▼ <div style="text-align: right;">250.00</div> </td> </tr> </table>	Name of Employer Fairmount Behavioral Institute	Occupation Chief Medical Officer		Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ <div style="text-align: right;">250.00</div>		<p>Date of Receipt M / D / Y Y Y Y 03 / 18 / 2005</p> <p>Transaction ID: SA11A1.4833</p> <p>Amount of Each Receipt this Period <div style="text-align: right;">250.00</div> </p>
Name of Employer Fairmount Behavioral Institute	Occupation Chief Medical Officer						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ <div style="text-align: right;">250.00</div>						

SUBTOTAL of Receipts This Page (optional)	984.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 20 / 23

(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)

Full Name (Last, First, Middle Initial) A. Mr. Dan Thomas		Date of Receipt M / D / Y 03 / 09 / 2005
Mailing Address 441 Morris Road		Transaction ID: SA11A1.4578
City Harleysville	State PA	Zip Code 19438
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Horsham Clinic	Occupation CEO/Regional VP	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. John Thompson		Date of Receipt M / D / Y 03 / 10 / 2005
Mailing Address 8241 E. Shea Place		Transaction ID: SA11A1.4735
City Highlands Ranch	State CO	Zip Code 80130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Universal Health Services	Occupation CEO	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mrs. Barbara Lea Trout		Date of Receipt M / D / Y 03 / 09 / 2005
Mailing Address 14 Lawn Avenue		Transaction ID: SA11A1.4457
City Jamestown	State RI	Zip Code 02835
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Stonington Institute	Occupation Director of Nursing	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	900.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 21 / 23
(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)

Full Name (Last, First, Middle Initial) A. Mr. Benjamin Underwood		Date of Receipt M / D / Y 02 / 18 / 2005
Mailing Address 2104 Murren Drive		Transaction ID: SA11A1.4117
City Smyrna	State GA	Zip Code 30080
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Talbot Recovery Campus	Occupation CEO/Managing Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Robert S. Waggener		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 8845 Oak Hedge Cove		Transaction ID: SA11A1.4321
City Cordova	State TN	Zip Code 38018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Lakeside Behavioral Health	Occupation CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	550.00
TOTAL This Period (last page this line number only)	▶	24523.00

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

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

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC)	
Full Name (Last, First, Middle Initial) A. HOSPITAL AND HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA POLITICAL ACTION COMMITTEE	
Mailing Address Post Office Box 8600 PO BOX 8600	Date of Receipt M / D / Y 03 / 30 / 2005
City Harrisburg	State PA
Zip Code 17105	Transaction ID: SA11C.4954
FEC ID number of contributing federal political committee. C C00128082	Amount of Each Receipt this Period 450.00
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 450.00

SUBTOTAL of Receipts This Page (optional)	▶	450.00
TOTAL This Period (last page this line number only)	▶	450.00

**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)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC)

Full Name (Last, First, Middle Initial) A. COMMITTEE FOR THE PRESERVATION OF CAPITALISM (CPC), THE		Transaction ID: SB23.4962 Date of Disbursement 01 / 12 / 2005	
Mailing Address P.O. Box 65314		Amount of Each Disbursement this Period 2000.00	
City Washington State DC Zip Code 20036	Purpose of Disbursement 2005 Contribution	012 Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Candidate Name	
State: District	Amount of Each Disbursement this Period 2000.00		

Full Name (Last, First, Middle Initial) B. Friends of Kent Conrad		Transaction ID: SB23.4967 Date of Disbursement 01 / 26 / 2005	
Mailing Address 420 C Street, NE Lower Level PO Box 65314		Amount of Each Disbursement this Period 2500.00	
City Washington State DC Zip Code 20002	Purpose of Disbursement Fundraiser	011 Category/ Type	
Office Sought: House X Senate President	Disbursement For: 2006 X Primary General Other (specify) ▼	Candidate Name KENT CONRAD	
State: ND District 00	Amount of Each Disbursement this Period 2500.00		

Full Name (Last, First, Middle Initial) C. Friends of Kent Conrad		Transaction ID: SB23.4964 Date of Disbursement 03 / 15 / 2005	
Mailing Address 420 C Street, NE Lower Level PO Box 65314		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20002	Purpose of Disbursement Fundraiser	011 Category/ Type	
Office Sought: House X Senate President	Disbursement For: 2006 X Primary General Other (specify) ▼	Candidate Name KENT CONRAD	
State: ND District 00	Amount of Each Disbursement this Period 1000.00		

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	5500.00