



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/PAC)

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value="32490.68"/>	<input type="text" value="32490.68"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="54296.55"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="14703.07"/>	<input type="text" value="57867.21"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="68999.62"/>	<input type="text" value="90357.89"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="22899.49"/>	<input type="text" value="44257.76"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="46100.13"/>	<input type="text" value="46100.13"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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. 06/2004)

Page 3

Write or Type Committee Name

NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y 07 / 01 / 2011 To: M M / D D / Y Y Y Y Y 12 / 31 / 2011

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).....	9200.00	36185.00
(ii) Unitemized .....	5485.00	21201.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	14685.00	57386.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	450.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	14685.00	57836.00
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.).....	18.07	31.21
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 Transfers (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))..... ▶	14703.07	57867.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	14703.07	57867.21

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	899.49	1757.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	899.49	1757.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22000.00	42500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	22899.49	44257.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22899.49	44257.76

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	14685.00	57836.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14685.00	57836.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	899.49	1757.76
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	899.49	1757.76

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

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

FOR LINE NUMBER: PAGE 6 OF 20  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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 (NAPHS/PAC)**

**A. Mr. Steven Airhart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 N. Columbus Drive, #4105  
 City Chicago State IL Zip Code 60601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hartgrove Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 07 / 2011  
**Transaction ID : SA11AI.7068**  
 Amount of Each Receipt this Period 300.00  
 Contribution

**B. Daniel Aranda**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35900 Euclid Avenue  
 City Willoughby State OH Zip Code 44094  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Windsor Laurelwood Hospital Occupation Hospital CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 02 / 2011  
**Transaction ID : SA11AI.7142**  
 Amount of Each Receipt this Period 250.00  
 Contribution

**C. Jody Bhambra**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5730 W. Roosevelt Road  
 City Chicago State IL Zip Code 60644  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hartgrove Hospital Occupation Chief Nursing Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 06 / 2011  
**Transaction ID : SA11AI.7053**  
 Amount of Each Receipt this Period 500.00  
 Contribution

**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:	PAGE 7 OF 20
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 (NAPHS/PAC)**

**A. Geoffrey Botak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4641 Roosevelt Boulevard  
 City Philadelphia State PA Zip Code 19124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Friends Hospital Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 14 / 2011  
**Transaction ID : SA11AI.7213**  
 Amount of Each Receipt this Period 550.00  
 Contribution

**B. Laura M. Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17720 Corporate Woods Drive  
 City San Antonio State TX Zip Code 78259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Psychiatric Solutions, Inc. Occupation CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 10 / 2011  
**Transaction ID : SA11AI.7154**  
 Amount of Each Receipt this Period 250.00  
 Contribution

**C. Mr. Tom Croffut**  
 Full Name (Last, First, Middle Initial)  
 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 Hospital Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 02 / 2011  
**Transaction ID : SA11AI.7125**  
 Amount of Each Receipt this Period 250.00  
 Contribution

**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 OF 20
<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 (NAPHS/PAC)**

**A. Alan Eaks**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4840 North Marine Drive  
 City Chicago State IL Zip Code 60640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Aurora Chicago Lakeshore Hospi CEO, Hospital Administrator  
 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  
 07 / 07 / 2011  
**Transaction ID : SA11Al.7061**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution

**B. Ms Nina Eisner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1109 Sheffield Place  
 City Lexington State KY Zip Code 40509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Ridge Behavioral HS CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2011  
**Transaction ID : SA11Al.7157**  
 Amount of Each Receipt this Period  
 250.00  
 Contribution

**C. Benigno Fernandez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17720 Corporate Woods Drive  
 City San Antonio State TX Zip Code 78289  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Laurel Ridge Treatment Center Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 09 / 2011  
**Transaction ID : SA11Al.7152**  
 Amount of Each Receipt this Period  
 400.00  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<b>TOTAL</b> 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 OF 20
	<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 (NAPHS/PAC)**

**A. Mr. Gary Gilberti**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Summer Street  
 Suite 308  
 City Franklin State MA Zip Code 02038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Universal Health Services Occupation Division Vice President of BH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 27 / 2011  
**Transaction ID : SA11AI.7123**  
 Amount of Each Receipt this Period 350.00  
 Contribution

**B. Philip Hickmon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17720 Corporate Woods Drive  
 City San Antonio State TX Zip Code 78289  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Laurel Ridge Treatment Center Occupation COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 09 / 2011  
**Transaction ID : SA11AI.7150**  
 Amount of Each Receipt this Period 250.00  
 Contribution

**C. Jeffrey Hillis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 107 Lincoln Street  
 City Worchester State MA Zip Code 01609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Adcare Hospital Occupation COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 14 / 2011  
**Transaction ID : SA11AI.7073**  
 Amount of Each Receipt this Period 250.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00  
**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 OF 20
	<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 (NAPHS/PAC)**

**A. Roslind S Hudson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6640 Carothers Parkway, Suite 500

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 ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2011  
**Transaction ID : SA11AI.7188**

Amount of Each Receipt this Period  
 1000.00

Contribution

**B. Margaret McCowen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3751 Del Rey Blvd

City Las Cruces	State NM	Zip Code 88012
--------------------	-------------	-------------------

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

Name of Employer Mesilla Valley Hospital	Occupation Government Relations
---	------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2011  
**Transaction ID : SA11AI.7200**

Amount of Each Receipt this Period  
 250.00

Contribution

**c. Janette McGaugh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Bridgeway Road

City North Little Rock	State AR	Zip Code 72113
---------------------------	-------------	-------------------

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

Name of Employer The Bridgeway Hospital	Occupation Physician
--	-------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2011  
**Transaction ID : SA11AI.7079**

Amount of Each Receipt this Period  
 250.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> 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 OF 20
	<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 (NAPHS/PAC)**

Full Name (Last, First, Middle Initial)  
**A. Shelley Nowak**

Mailing Address 2911 Brunswick Road

City Memphis State TN Zip Code 38133

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

Name of Employer Lakeside Behavioral Health Ser Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 08 / 02 / 2011  
**Transaction ID : SA11AI.7140**

Amount of Each Receipt this Period  
 400.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. Mr. Craig Nuckles**

Mailing Address 4600 Samuel Blvd

City Dallas State TX Zip Code 75228

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

Name of Employer Timberlawn Mental Health Servi Occupation Regional Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 07 / 14 / 2011  
**Transaction ID : SA11AI.7108**

Amount of Each Receipt this Period  
 500.00

Contribution

Full Name (Last, First, Middle Initial)  
**c. Richard Owings**

Mailing Address 21 Bridgeway Road

City North Little Rock State AR Zip Code 72113

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

Name of Employer The Bridgeway Hospital Occupation Pyschiatrist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 07 / 14 / 2011  
**Transaction ID : SA11AI.7091**

Amount of Each Receipt this Period  
 250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1150.00

**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 12 OF 20
	<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 (NAPHS/PAC)**

**A. Mr. Barry Pipkin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 105 Quapaw Trail  
 City Maumelle State AZ Zip Code 72113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Bridgeway Occupation Regional Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 14 / 2011  
**Transaction ID : SA11AI.7083**  
 Amount of Each Receipt this Period 500.00  
 Contribution

**B. Bruce Shear**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Lake Street, # 102  
 City Peabody State MA Zip Code 01945  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pioneer Behavioral Health Occupation Health Care Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 02 / 2011  
**Transaction ID : SA11AI.7126**  
 Amount of Each Receipt this Period 250.00  
 Contribution

**C. Jennifer Snyder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1221 Alton Drive  
 City Birmingham State AL Zip Code 35210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alabama Clinical Schools Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 10 / 2011  
**Transaction ID : SA11AI.7158**  
 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 13 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/PAC)**

**A. Edward Stack**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3100 West End Avenue  
 Suite 1000  
 City Nashville State TN Zip Code 37203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Behavioral Centers of America Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 02 / 2011**  
**Transaction ID : SA11AI.7122**  
 Amount of Each Receipt this Period **250.00**  
 Contribution

**B. DOUGLAS STRUYK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 SICOMAC AVENUE  
 City WYCKOFF State NJ Zip Code 07481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CHRISTIAN HEALTH CARE CENTER Occupation PRESIDENT & CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 17 / 2011**  
**Transaction ID : SA11AI.7211**  
 Amount of Each Receipt this Period **250.00**  
 Contribution

**C. Daniel Thomas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17720 Corporate Woods Drive  
 City San Antonio State TX Zip Code 78289  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Laurel Ridge Treatment Center Occupation CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 10 / 2011**  
**Transaction ID : SA11AI.7155**  
 Amount of Each Receipt this Period **400.00**  
 Contribution

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 20
	<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 (NAPHS/PAC)**

**A. Richard Wohl**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17 Ashton Avenue  
 City Vorhees State NJ Zip Code 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 ▼ 250.00

Date of Receipt 10 / 21 / 2011  
**Transaction ID : SA11AI.7212**  
 Amount of Each Receipt this Period 250.00  
 Contribution

**B. Barry Woodward**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 592 West 1350 South  
 City Woods Cross State UT Zip Code 84087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Benchmark Behavioral Health Occupation Hospital Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 23 / 2011  
**Transaction ID : SA11AI.7206**  
 Amount of Each Receipt this Period 300.00  
 Contribution

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	9200.00

**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)

<input checked="" 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 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 (NAPHS/PAC)**

Full Name (Last, First, Middle Initial)

**A. Wachovia National Bank**

Mailing Address PO Box 563966

City Charlotte State NC Zip Code 28262-3966

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2011

**Transaction ID : SB21B.7257**

Amount of Each Disbursement this Period

290.98
--------

Full Name (Last, First, Middle Initial)

**B. Wachovia National Bank**

Mailing Address PO Box 563966

City Charlotte State NC Zip Code 28262-3966

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2011

**Transaction ID : SB21B.7259**

Amount of Each Disbursement this Period

112.80
--------

Full Name (Last, First, Middle Initial)

**C. Wachovia National Bank**

Mailing Address PO Box 563966

City Charlotte State NC Zip Code 28262-3966

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2011

**Transaction ID : SB21B.7260**

Amount of Each Disbursement this Period

132.72
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

536.50
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**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 checked="" 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 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 (NAPHS/PAC)**

Full Name (Last, First, Middle Initial) <b>A. Wachovia National Bank</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2011
Mailing Address PO Box 563966		<b>Transaction ID : SB21B.7261</b>
City Charlotte	State NC	
Zip Code 28262-3966	Purpose of Disbursement Bank Fees	Amount of Each Disbursement this Period 119.95
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. Wachovia National Bank</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2011
Mailing Address PO Box 563966		<b>Transaction ID : SB21B.7262</b>
City Charlotte	State NC	
Zip Code 28262-3966	Purpose of Disbursement Bank Fees	Amount of Each Disbursement this Period 153.29
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. Wachovia National Bank</b>		Date of Disbursement MM / DD / YYYY 12 / 31 / 2011
Mailing Address PO Box 563966		<b>Transaction ID : SB21B.7263</b>
City Charlotte	State NC	
Zip Code 28262-3966	Purpose of Disbursement Bank Fees	Amount of Each Disbursement this Period 89.75
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	362.99
<b>TOTAL</b> This Period (last page this line number only)..... ▶	899.49



**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 (NAPHS/PAC)**

Full Name (Last, First, Middle Initial)

**A. Berkely for Senate**

Mailing Address 426 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

011

Candidate Name

**SHELLEY BERKLEY**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: NV District: 00

Date of Disbursement

MM / DD / YYYY  
12 / 06 / 2011

**Transaction ID : SB23.7281**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Boustany for Congress**

Mailing Address PO BOX 80126

City LAFAYETTE State LA Zip Code 70598-0126

Purpose of Disbursement Contribution

011

Candidate Name

**CHARLES DR. JR. BOUSTANY**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: LA District: 07

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2011

**Transaction ID : SB23.7238**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. COMMITTEE FOR THE PRESERVATION OF CAPITALISM (CPC), THE**

Mailing Address P.O. Box 65314

City Washington State DC Zip Code 20036

Purpose of Disbursement Contribution

012

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 11 / 2011

**Transaction ID : SB23.7236**

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

9000.00

**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 (NAPHS/PAC)**

Full Name (Last, First, Middle Initial)

**A. CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE**

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement  
Contribution

011

Candidate Name

**HENRY A. WAXMAN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 30

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	04	/	2011

**Transaction ID : SB23.7241**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. JEFF MERKLEY FOR OREGON**

Mailing Address 2236 SE 10TH AVE

City PORTLAND State OR Zip Code 97214

Purpose of Disbursement  
Contribution

011

Candidate Name

**JEFFREY ALAN MERKLEY**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OR District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	14	/	2011

**Transaction ID : SB23.7252**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. MURPHY FOR CONGRESS**

Mailing Address GULA GRAHAM GROUP, 700 12TH ST, NW  
SUITE 700

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Contribution

011

Candidate Name

**TIM MURPHY**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	21	/	2011

**Transaction ID : SB23.7239**

Amount of Each Disbursement this Period

2000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5500.00
---------

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

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**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 (NAPHS/PAC)**

Full Name (Last, First, Middle Initial)

**A. PAUL TONKO FOR CONGRESS**

Mailing Address 911 Central Avenue  
PO Box 221

City Albany State NY Zip Code 12206

Purpose of Disbursement  
Contribution

011

Candidate Name

**PAUL DAVID TONKO**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	23	/	2011

**Transaction ID : SB23.7240**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Pete Stark Re-Election Committee**

Mailing Address PO Box 75214

City Washington State DC Zip Code 20013-5214

Purpose of Disbursement  
Contribution

011

Candidate Name

**PETE STARK**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	25	/	2011

**Transaction ID : SB23.7244**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. STABENOW FOR US SENATE**

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement  
Contribution

011

Candidate Name

**DEBBIE STABENOW**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	25	/	2011

**Transaction ID : SB23.7243**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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 (NAPHS/PAC)**

Full Name (Last, First, Middle Initial)

**A. JOHN SULLIVAN**

Mailing Address 1643 East 44 Street

City State Zip Code  
Tulsa OK 47105

Purpose of Disbursement  
Contribution

011

Candidate Name

**JOHN SULLIVAN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OK District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	7		2	0	1	1

**Transaction ID : SB23.7245**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. JOHN SULLIVAN**

Mailing Address 1643 East 44 Street

City State Zip Code  
Tulsa OK 47105

Purpose of Disbursement  
Contribution

011

Candidate Name

**JOHN SULLIVAN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OK District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	1	1

**Transaction ID : SB23.7247**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. WHITEHOUSE FOR SENATE**

Mailing Address P.O. BOX 40280

City State Zip Code  
PROVIDENCE RI 02940

Purpose of Disbursement  
Contribution

011

Candidate Name

**SHELDON II WHITEHOUSE**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: RI District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	1	1

**Transaction ID : SB23.7248**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

2	2	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---