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FEC
FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

National Association of Psychiatric Health
Systems Political Action Committee

ADDRESS (number and street)

325 Seventh Street NW

Suite 625

Washington

DC

20004

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C0020736

3. IS THIS REPORT

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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for this

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)

Election on

in the State of

(d) 50-Day POST-Election Report for this

- General (50G)
- Runoff (50R)
- Special (50S)

Election on

in the State of

5. Covering Period

01/01/2003 through 06/30/2003

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 Mark J. Covall

Signature of Treasurer *Mark Covall*

Date 07/29/2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5457g.

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.....

Report Covering the Period: From: 01 01 2003 To: 06 30 2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2003</u>		<u>7,208.70</u>
(b) Cash on Hand at Beginning of Reporting Period	<u>7,208.70</u>	
(c) Total Receipts (from Line 1a)	<u>3,032,618</u>	<u>3,032,618</u>
(d) Subtotal (add Lines 6(b) and 8(a) and 6(c) for Column B)	<u>3,823,488</u>	<u>3,823,488</u>
7. Total Disbursements (from Line 3f)	<u>1,254,081</u>	<u>1,254,081</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<u>2,569,407</u>	<u>2,569,407</u>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	<u>0.00</u>	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	<u>0.00</u>	

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. 02/2005)

Write or Type Committee Name

National Association of Psychiatric Health Systems Political Action Committee

Report Covering the Period:

From:

01 01 2003

To:

06 30 2003

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)

1,008,500

(ii) Unitemized

2,019,400

(2) TOTAL (add

3,027,900

Lines 11(a)(i) and (ii)

3,027,900

(b) Political Party Committees

000

000

(c) Other Political Committees

000

000

(such as PACs)

(d) Total Contributions (add Lines

11(a)(i), (ii), and (c)) (Carry

Totals to Line 32, page 5)

3,027,900

3,027,900

12. Transfers From Affiliated/Other

Party Committees

13. All Loans Received

14. Loan Repayments Received

15. Offsets To Operating Expenditures

(Reimburse, Rebates, etc.)

(Carry Totals to Line 32, page 5)

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees

17. Other Federal Receipts

(Dividends, Interest, etc.)

4718

4718

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule HS)

(b) Levin Funds (from Schedule HS)

(c) Total Transfers (add 18(a) and 18(b))

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

3,032,618

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2008)

Page 4

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		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committee		
23. Contributions to Federal Candidates/Committees and Other Political Committees	1 2 0 0 0 0	1 2 0 0 0 0
24. Independent Expenditures (see Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (see Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements	5 4 0 8 1	5 4 0 8 1
30. Federal Election Activity (2 U.S.C. §431(2))		
(a) Allocated Federal Election Activity (from Schedule H6): (i) Federal Share		
(ii) "Cover" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 24, 25, 26, 27, 28(d), 29 and 30(c))	1 2 5 4 0 8 1	1 2 5 4 0 8 1
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(i) from Line 31)		

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 278 (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)	3027900	3027900
34. Total Contribution Refunds (from Line 25(2))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3027900	3027900
36. Total Federal Operating Expenditures (add Line 21(a)(6) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 36 from Line 35)		

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

Use separate schedule(s) for each category of the Disaggregated Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1 of 13
	<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"/> 18 <input type="checkbox"/> 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

Full Name (Last, First, Middle Initial) A. <u>Chaudry, Rashid</u>		Date of Receipt <u>01</u> <u>22</u> <u>2003</u>
Mailing Address <u>459 Baltimore Way</u>		Amount of Each Receipt this Period <u>2000.00</u>
City <u>State College</u>	State Zip Code <u>PA 16801</u>	
FEC ID number of contributing federal political committee <u>C</u>		Amount of Each Receipt this Period <u>2000.00</u>
Name of Employer <u>Universal Health Systems</u>	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date <u>2000.00</u>

Full Name (Last, First, Middle Initial) B. <u>Patel, Nalin</u>		Date of Receipt <u>01</u> <u>22</u> <u>2003</u>
Mailing Address <u>132 The Meadows Drive</u>		Amount of Each Receipt this Period <u>2000.00</u>
City <u>Centre Hall</u>	State Zip Code <u>PA 16828</u>	
FEC ID number of contributing federal political committee <u>C</u>		Amount of Each Receipt this Period <u>2000.00</u>
Name of Employer <u>Universal Health Systems</u>	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date <u>2000.00</u>

Full Name (Last, First, Middle Initial) C. <u>Nuckles, Craig</u>		Date of Receipt <u>04</u> <u>30</u> <u>2003</u>
Mailing Address <u>4600 Samuel Blvd.</u>		Amount of Each Receipt this Period <u>2500.00</u>
City <u>Dallas</u>	State Zip Code <u>TX 75315</u>	
FEC ID number of contributing federal political committee <u>C</u>		Amount of Each Receipt this Period <u>2500.00</u>
Name of Employer <u>Universal Health Systems</u>	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date <u>2500.00</u>

SUBTOTAL of Receipts This Page (optional)	<u>6500.00</u>
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 2 OF 13
	<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

Full Name (Last, First, Middle Initial) A. Schappell, Martin		Date of Receipt 04 10 2003
Mailing Address 10518 Washington Palm Way		Amount of Each Receipt This Period 500.00
City Fort Myers	State Zip Code FL 33912	
FEC ID number of contributing federal political committee C		Amount of Each Receipt This Period 500.00
Name of Employer Universal Health Systems	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Quigley, Steve		Date of Receipt 06 17 2003
Mailing Address 211 Briar Hill		Amount of Each Receipt This Period 2000.00
City Clarion	State Zip Code PA 16214	
FEC ID number of contributing federal political committee C		Amount of Each Receipt This Period 2000.00
Name of Employer Universal Health Systems	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Kiddy, Diane		Date of Receipt 06 17 2003
Mailing Address 3408 Warden Drive		Amount of Each Receipt This Period 3000.00
City Philadelphia	State Zip Code PA 19129	
FEC ID number of contributing federal political committee C		Amount of Each Receipt This Period 3000.00
Name of Employer Universal Health Systems	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional)	10000.00
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 3 OF 13	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 11d	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Psychiatric Health Systems Political Action Committee

Full Name (Last, First, Middle Initial) A. Lappenstein, Miles C.		Date of Receipt 06 17 2003
Mailing Address <u>1012 Remington Road</u>		Amount of Each Receipt this Period 5,000.00
City <u>Wynnewood</u>	State Zip Code <u>PA 19086</u>	
FEC ID number of contributing federal political committee <u>0</u>		
Name of Employer <u>Universal Health Systems</u>	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5,000.00	

Full Name (Last, First, Middle Initial) B. Nair, Chand J.		Date of Receipt 06 17 2003
Mailing Address <u>8 Almond Court</u>		Amount of Each Receipt this Period 2,000.00
City <u>Lafayette Hill</u>	State Zip Code <u>PA 19444</u>	
FEC ID number of contributing federal political committee <u>0</u>		
Name of Employer <u>Universal Health Systems</u>	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2,000.00	

Full Name (Last, First, Middle Initial) C. Armstrong Spear, Barbara		Date of Receipt 06 17 2003
Mailing Address <u>P.O. Box 128</u>		Amount of Each Receipt this Period 2,500.00
City <u>Chalfont</u>	State Zip Code <u>PA 18914</u>	
FEC ID number of contributing federal political committee <u>0</u>		
Name of Employer <u>Universal Health Systems</u>	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2,500.00	

SUBTOTAL of Receipts This Page (optional)	9,500.00
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 4 OF 13 (check only one)
<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (in Full)
National Association of Psychiatric Health Systems Political Action Committee

Full Name (Last, First, Middle Initial)
A. Sureshkumar, Thambipillai

Mailing Address
8504 Parkwood Ln.

City **Philadelphia** State **PA** Zip Code **19128**

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

Name of Employer: **Universal Health Systems** Occupation:

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2,000.00

Date of Receipt
06 17 2003

Amount of Each Receipt this Period
2,000.00

Full Name (Last, First, Middle Initial)
B. Yeroushalmi, Parviz

Mailing Address
110 Boot Road

City **Newtown Square** State **PA** Zip Code **19073**

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

Name of Employer: **Universal Health Systems** Occupation:

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2,000.00

Date of Receipt
06 17 2003

Amount of Each Receipt this Period
2,000.00

Full Name (Last, First, Middle Initial)
C. Thomas S. Daniel

Mailing Address
101 Sunning Hill Road

City **Simpsonville** State **NC** Zip Code **29681**

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

Name of Employer: **Universal Health Systems** Occupation:

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2,500.00

Date of Receipt
06 17 2003

Amount of Each Receipt this Period
2,500.00

SUBTOTAL of Receipts This Page (optional) **6,500.00**

TOTAL This Period (add 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 5 OF 13

(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

Full Name (Last, First Middle Initial)

A. Neisfield, Phyllis

Date of Receipt

06 17 2003

Mailing Address

215 Hiawatha Road

City

Drexel

State

PA

Zip Code

19026

FEC ID number of contributing federal political committee

C

Amount of Each Receipt This Period

2,000.00

Name of Employer

Universal Health Systems

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2,000.00

Full Name (Last, First Middle Initial)

B. Barszczewski, Joseph

Date of Receipt

06 17 2003

Mailing Address

1311 Springfield Circle

City

Boalsburg

State

PA

Zip Code

16827

FEC ID number of contributing federal political committee

C

Amount of Each Receipt This Period

300.00

Name of Employer

Universal Health Systems

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

6,300.00

Full Name (Last, First Middle Initial)

G. Chaundry, Rashid

Date of Receipt

06 17 2003

Mailing Address

459 Balmoral Way

City

State College

State

PA

Zip Code

16801

FEC ID number of contributing federal political committee

C

Amount of Each Receipt This Period

300.00

Name of Employer

Universal Health Systems

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

5,000.00

SUBTOTAL of Receipts This Page (optional)

8,000.00

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 6 OF 33
(check only one)
 11
 12
 13
 14
 15
 16
 17

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NAME OF COMMITTEE (in Full)

National Association of Psychiatric Health Systems Political Action Committee

Full Name (Last, First, Middle Initial)

A. Patel, Nalin

Mailing Address

132 The Meadows Drive

City

Centre Hall

State

PA

Zip Code

16828

FEC ID number of contributing
federal political committee

C

Name of Employer

Universal Health Systems

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

4,000.00

Date of Receipt

06 / 17 / 2003

Amount of Each Receipt this Period

2,000.00

Full Name (Last, First, Middle Initial)

B. Mayo, Mark

Mailing Address

5241 Boswell Road

City

Memphis

State

TN

Zip Code

38126

FEC ID number of contributing
federal political committee

C

Name of Employer

Universal Health Systems

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2,000.00

Date of Receipt

06 / 17 / 2003

Amount of Each Receipt this Period

2,000.00

Full Name (Last, First, Middle Initial)

C. King, Paul

Mailing Address

8135 Goodman Road

City

Olive Branch

State

MS

Zip Code

38654

FEC ID number of contributing
federal political committee

C

Name of Employer

Universal Health Systems

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2,500.00

Date of Receipt

06 / 17 / 2003

Amount of Each Receipt this Period

2,500.00

SUBTOTAL of Receipts This Page (colines)

TOTAL This Period (last page this line number only)

6,500.00

**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 13
(check only one)
 11a 11b 11c 11d
13 14 15 16 17

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NAME OF COMMITTEE (in full)

National Association of Psychiatric Health Systems Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bisner, Nina

Date of Receipt

06 17 2003

Mailing Address

1015 High Point Drive

City

Nicholasville

State

KY

Zip Code

40336

Amount of Each Receipt this Period

2,500.00

FEC ID number of contributing
federal political committee.

C

Name of Employer

Universal Health Systems

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2,500.00

Full Name (Last, First, Middle Initial)

B. Guinea, Larry

Date of Receipt

06 17 2003

Mailing Address

5002 Lyndhurst Drive

City

San Angelo

State

TX

Zip Code

76901

Amount of Each Receipt this Period

2,500.00

FEC ID number of contributing
federal political committee.

C

Name of Employer

Universal Health Systems

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2,500.00

Full Name (Last, First, Middle Initial)

C. Crowley, John

Date of Receipt

06 17 2003

Mailing Address

1636 Hunters Glen

City

San Angelo

State

TX

Zip Code

76901

Amount of Each Receipt this Period

2,500.00

FEC ID number of contributing
federal political committee.

C

Name of Employer

Universal Health Systems

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2,500.00

SUBTOTAL of Receipts This Page (optional)

7,500.00

TOTAL This Period (see page 3 for 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 8 OF 13
 11a 11b 11c 12
 13 14 18 10 17

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NAME OF COMMITTEE (in Full)
National Association of Psychiatric Health Systems Political Action Committee

Full Name (Last, First, Middle Initial)
A. White, Daryl Sue

Mailing Address
3606 State Street Drive

City State Zip Code
New Orleans LA 70125

FEC ID number of contributing federal political committee
C

Name of Employer Occupation
Universal Health Systems

Receipt For: Primary General Other (specify) _____

Aggregate Year-to-Date
2,500.00

Date of Receipt
06 17 2003

Amount of Each Receipt this Period
2,500.00

Full Name (Last, First, Middle Initial)
B. Underwood, Benjamin

Mailing Address
200 Riviera Court

City State Zip Code
McDonough GA 30253

FEC ID number of contributing federal political committee
C

Name of Employer Occupation
Universal Health Systems

Receipt For: Primary General Other (specify) _____

Aggregate Year-to-Date
2,500.00

Date of Receipt
06 17 2003

Amount of Each Receipt this Period
2,500.00

Full Name (Last, First, Middle Initial)
C. Cody, Frank

Mailing Address
8956 Sherry Lane

City State Zip Code
Dallas TX 75225

FEC ID number of contributing federal political committee
C

Name of Employer Occupation
Universal Health Systems

Receipt For: Primary General Other (specify) _____

Aggregate Year-to-Date
2,500.00

Date of Receipt
06 17 2003

Amount of Each Receipt this Period
2,500.00

SUBTOTAL of Receipts This Page (optional) **7,500.00**

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 9 OF 13
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 18
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Psychiatric Health Systems Political Action Committee

Full Name (Last, First, Middle Initial) A. Marion, Ben		Date of Receipt 06/17/2003
Mailing Address <u>125 Old Tran Road</u>		Amount of Each Receipt this Period <u>2,050.00</u>
City <u>Moultrie</u>	State Zip Code <u>GA 31768</u>	
FEC ID number of contributing federal political committee <u>C</u>		
Name of Employer <u>Universal Health Systems</u>	Occupation	
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>2,050.00</u>	

Full Name (Last, First, Middle Initial) B. Sadowsky, William		Date of Receipt 06/17/2003
Mailing Address <u>27 Wixegass Circle</u>		Amount of Each Receipt this Period <u>2,000.00</u>
City <u>Moultrie</u>	State Zip Code <u>GA 31768</u>	
FEC ID number of contributing federal political committee <u>C</u>		
Name of Employer <u>Universal Health Systems</u>	Occupation	
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>2,000.00</u>	

Full Name (Last, First, Middle Initial) C. Bennett, Edwin		Date of Receipt 06/17/2003
Mailing Address <u>518 N. Hampton Road</u>		Amount of Each Receipt this Period <u>2,000.00</u>
City <u>Leesburg</u>	State Zip Code <u>GA 31763</u>	
FEC ID number of contributing federal political committee <u>C</u>		
Name of Employer <u>Universal Health Systems</u>	Occupation	
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>2,000.00</u>	

SUBTOTAL of Receipts This Page (optional)	<u>6,050.00</u>
TOTAL This Period (Use page 11a 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 10DF13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 11e <input type="checkbox"/> 11f <input type="checkbox"/> 11g	

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NAME OF COMMITTEE (in R#)
National Association of Psychiatric Health Systems Political Action Committee

Full Name (Last, First, Middle Initial)
A. Blinder, David

Mailing Address
74 Ireland Road

City Newton Center State MA Zip Code 02449

FEC ID number of contributing federal political committee: C

Name of Employer: Universal Health Systems Occupation:

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2,000.00

Date of Receipt
06 17 2003

Amount of Each Receipt this Period
2,000.00

Full Name (Last, First, Middle Initial)
B. Spiegel, Robert

Mailing Address
30 Michael Way

City Andover State MA Zip Code 01810

FEC ID number of contributing federal political committee: C

Name of Employer: Universal Health Systems Occupation:

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
4,250.00

Date of Receipt
06 17 2003

Amount of Each Receipt this Period
4,250.00

Full Name (Last, First, Middle Initial)
C. Miller, Wayne

Mailing Address
11337 Forest Drive

City Plymouth State IN Zip Code 46363

FEC ID number of contributing federal political committee: C

Name of Employer: Universal Health Systems Occupation:

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2,750.00

Date of Receipt
06 25 2003

Amount of Each Receipt this Period
2,750.00

SUBTOTAL of Receipts This Page (optional) 9,000.00

TOTAL This Period (last page this line number only) 9,000.00

FORM 3X (REV. 10-2002)

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

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

FOR LINE NUMBER: PAGE 7 OF 15

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 17
<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

Full Name (Last, First Middle Initial)

A. Waggener, Robert

Mailing Address

8845 Oak Hedge Cove

City
Cordova

State Zip Code
TN 38018

FEC ID number of contributing federal political committee.

Name of Employer

Universal Health Systems

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

3 0 0 0 0

Date of Receipt

0 6 / 2 5 / 2 0 0 3

Amount of Each Receipt This Period

3 0 0 0 0

Full Name (Last, First Middle Initial)

B. Conroy, Ruth

Mailing Address

3203 Lenox Road

City
Atlanta

State Zip Code
GA 30324

FEC ID number of contributing federal political committee.

Name of Employer

Universal Health Systems

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2 5 0 0 0

Date of Receipt

0 6 / 2 5 / 2 0 0 3

Amount of Each Receipt This Period

2 5 0 0 0

Full Name (Last, First Middle Initial)

C. Perry, Michael

Mailing Address

2205 Cherokee Circle

City
Valparaiso

State Zip Code
IN 46383

FEC ID number of contributing federal political committee.

Name of Employer

Universal Health Systems

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2 5 0 0 0

Date of Receipt

0 6 / 2 5 / 2 0 0 3

Amount of Each Receipt This Period

2 5 0 0 0

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (sum page this line number only)

8 0 0 0 0

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 13
(check only one)
 11a
 11b
 11c
 11d
 11e
 11f
 11g

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NAME OF COMMITTEE (in full)
National Association of Psychiatric Health Systems Political Action Committee

Full Name (Last, First, Middle Initial)
A. Talbott, G. Douglas
Mailing Address
1478 Leafview Road
City State Zip Code
Decatur GA 30033
FEC ID number of contributing federal political committee
C
Name of Employer
Universal Health Systems
Occupation
Receipt For:
 Primary General
 Other (specify)

Date of Receipt
05 25 2003
Amount of Each Receipt this Period
25000
Aggregate Year-to-Date
25000

Full Name (Last, First, Middle Initial)
B.
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)

Date of Receipt
Amount of Each Receipt this Period
Aggregate Year-to-Date

Full Name (Last, First, Middle Initial)
C.
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)

Date of Receipt
Amount of Each Receipt this Period
Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional) 25000
TOTAL This Period (last page use line number only) 1008500

20030525 1478 LEAFVIEW ROAD
DECATUR GA 30033

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 2

<input type="checkbox"/> 21a	<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"/> 27a	<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

Full Name (Last, First, Middle Initial)

McCrery, Jim

Mailing Address

P.O. Box 22614

City

Alexandria

State

VA

Zip Code

22304

Purpose of Disbursement

Fundraising

Candidate Name

Jim McCrery

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: VA

District:

Date of Disbursement

04 07 2003

Amount of Each Disbursement this Period

5000.00

003
Category/Type

Full Name (Last, First, Middle Initial)

Grasley, Charles

Mailing Address

5327 Holmes Run Parkway

City

Alexandria

State

VA

Zip Code

22304

Purpose of Disbursement

Fundraising

Candidate Name

Charles Grasley

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: VA

District:

Date of Disbursement

04 09 2003

Amount of Each Disbursement this Period

10000.00

003
Category/Type

Full Name (Last, First, Middle Initial)

Congressman Charles Rangel

Mailing Address

P.O. Box 5577 Manhattanville Station

City

New York

State

NY

Zip Code

10027

Purpose of Disbursement

Fundraising

Candidate Name

Charles Rangel

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: NY

District:

Date of Disbursement

05 23 2003

Amount of Each Disbursement this Period

20000.00

003
Category/Type

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (see page one line number only)

5000.00

5000.00

**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)		PAGE 2 OF 2	
<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"/> 28d	<input type="checkbox"/> 29

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NAME OF COMMITTEE (in full)
National Association of Psychiatric Health Systems Political Action Committee

A. Wyden for Senate

Full Name (Last, First, Middle Initial) _____ Date of Disbursement: 10.6.03, 1.0.03, 2.0.03

Mailing Address: P.O. Box 3498, Portland, OR 97208

Purpose of Disbursement: Fundraising, Category Type: 0.03

Candidate Name: Ron Wyden, Amount of Each Disbursement This Period: 1,000.00

Office Sought: House, Senate, President; Disbursement For: Primary, General, Other (specify) _____

State: OR, District: _____

B. Re-Elect Nancy Johnson to Congress

Full Name (Last, First, Middle Initial) _____ Date of Disbursement: 10.6.03, 2.5.03, 3.0.03

Mailing Address: P.O. Box 1985, New Britain, CT 06050

Purpose of Disbursement: Fundraising, Category Type: 0.03

Candidate Name: Nancy Johnson, Amount of Each Disbursement This Period: 3,000.00

Office Sought: House, Senate, President; Disbursement For: Primary, General, Other (specify) _____

State: CT, District: _____

C.

Full Name (Last, First, Middle Initial) _____ Date of Disbursement: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____, Category Type: _____

Candidate Name: _____, Amount of Each Disbursement This Period: _____

Office Sought: House, Senate, President; Disbursement For: Primary, General, Other (specify) _____

State: _____, District: _____

SUBTOTAL of Disbursements This Page (optional) 4,000.00

TOTAL This Period (last page this line number only) 1,200.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 7/29/03
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>[Signature]</i> PREPARER	7/29/03 DATE PREPARED