

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

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

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

SUBTOTAL of Receipts This Page (optional)	<b>10000.00</b>
TOTAL This Period (last page this line number only)	