

**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

A. Marion, Ben
 Full Name (Last, First, Middle Initial)
 Mailing Address
125 Old Tran Road
 City Moultrie State GA Zip Code 31768
 Name of Employer Universal Health Systems Occupation
 Receipt For:
 Primary General
 Other (specify) _____
 Aggregate Year-to-Date 2,050.00

Date of Receipt
 06 17 2003
 Amount of Each Receipt this Period
2,050.00

B. Sadowsky, William
 Full Name (Last, First, Middle Initial)
 Mailing Address
27 Wixegass Circle
 City Moultrie State GA Zip Code 31768
 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

C. Bennett, Edwin
 Full Name (Last, First, Middle Initial)
 Mailing Address
518 N. Hampton Road
 City Leesburg State GA Zip Code 31763
 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

SUBTOTAL of Receipts This Page (optional) 6,050.00
 TOTAL This Period (Use page 11a line number only)

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