

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

National Association for Behavioral Healthcare PAC (NABH Champions 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="2018"/>		94240.96
(b) Cash on Hand at Beginning of Reporting Period.....	49841.86	
(c) Total Receipts (from Line 19)	29326.23	29360.45
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	79168.09	123601.41
7. Total Disbursements (from Line 31).....	7095.06	51528.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	72073.03	72073.03
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

Write or Type Committee Name

National Association for Behavioral Healthcare PAC (NABH Champions PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2018 To: M M / D D / Y Y Y Y 06 / 30 / 2018

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).....	21737.94	21737.94
(ii) Unitemized	61.87	61.87
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	21799.81	21799.81
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	26799.81	26799.81
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.....	2500.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	26.42	60.64
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)).....▶	29326.23	29360.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	29326.23	29360.45

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	595.06	1028.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	595.06	1028.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500.00	50500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	7095.06	51528.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7095.06	51528.38

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	26799.81	26799.81
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26799.81	26799.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	595.06	1028.38
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	595.06	1028.38

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 6 OF 16
<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

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 for Behavioral Healthcare PAC (NABH Champions PAC)

A. Bastien, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 Crescent Avenue
 City Saratoga Spring State NY Zip Code 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Four Winds - Saratoga Occupation (for Individual) Clinical Psychologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 22 / 2018
Transaction ID : SA11AI.9102
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

B. Covall, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 17th Street, NW Suite 420
 City Washington State DC Zip Code 20006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association for Behav Occupation (for Individual) President/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 21 / 2018
Transaction ID : SA11AI.9115
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

C. Crosby, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6070 Popular Avenue Suite 750
 City Memphis State TN Zip Code 38119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Strategic Behavioral Health Occupation (for Individual) Health Care Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 202.00

Date of Receipt 05 / 30 / 2018
Transaction ID : SA11AI.9108
 Amount of Each Receipt this Period 202.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	1702.00
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 7 OF 16
<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 for Behavioral Healthcare PAC (NABH Champions PAC)

A. Dobbs, Caroline, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6070 Popular Avenue
 Suite 750
 City Memphis State TN Zip Code 38119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Strategic Behavioral Health Occupation (for Individual) Health Care Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4677.79

Date of Receipt 05 / 30 / 2018
Transaction ID : SA11AI.9104
 Amount of Each Receipt this Period 4677.79
 Memo Item Contribution

B. Dobbs, Edward, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6070 Popular Avenue
 Suite 750
 City Memphis State TN Zip Code 38119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Strategic Behavioral Health Occupation (for Individual) Health Care Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4677.98

Date of Receipt 05 / 30 / 2018
Transaction ID : SA11AI.9105
 Amount of Each Receipt this Period 4677.98
 Memo Item Contribution

C. Dobbs, Juliette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6070 Popular Avenue
 Suite 750
 City Memphis State TN Zip Code 38119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Strategic Behavioral Health Occupation (for Individual) Health Care Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4677.79

Date of Receipt 05 / 30 / 2018
Transaction ID : SA11AI.9106
 Amount of Each Receipt this Period 4677.79
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	14033.56
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 16
<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 for Behavioral Healthcare PAC (NABH Champions PAC)

A. Dziengelski, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 17th Street, NW
 Suite 420
 City Washington State DC Zip Code 20006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association for Behav Occupation (for Individual) Director of Policy & Regulatory Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 28 / 2018
Transaction ID : SA11AI.9120
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

B. Merlie, Maria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 17th Street, NW
 Suite 420
 City Washington State DC Zip Code 20006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association for Behav Occupation (for Individual) Director of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 19 / 2018
Transaction ID : SA11AI.9116
 Amount of Each Receipt this Period 300.00
 Memo Item Contribution

C. Norton, Jameson, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 905 Wilson Boulevard
 City Nashville State TN Zip Code 37215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vanderbilt University Medical Occupation (for Individual) Hospital Administration
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 21 / 2018
Transaction ID : SA11AI.9118
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	2300.00
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 16
<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 for Behavioral Healthcare PAC (NABH Champions PAC)

A. Orians, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6571 Green Shadows
 City Memphis State TN Zip Code 38119
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Strategic Behavioral Health Occupation (for Individual) Health Care Executive
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 202.38

Date of Receipt 05 / 30 / 2018
Transaction ID : SA11AI.9107
 Amount of Each Receipt this Period 202.38
 Memo Item Contribution

B. Richardson, Julia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 17th Street NW Suite 420
 City Washington State DC Zip Code 20006
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) National Association for Behav Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 06 / 19 / 2018
Transaction ID : SA11AI.9117
 Amount of Each Receipt this Period 250.00
 Memo Item Contribution

C. Shaheen, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9295 Ingleside Farm N
 City Germantown State TN Zip Code 38139
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Strategic Behavioral Health Occupation (for Individual) Founder/President
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 05 / 30 / 2018
Transaction ID : SA11AI.9109
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	952.38
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 16
<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 for Behavioral Healthcare PAC (NABH Champions PAC)

A. Soon, Kim, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2065 Compton Avenue

City Corona	State CA	Zip Code 92881
----------------	-------------	-------------------

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

Name of Employer (for Individual) Signature Healthcare Services	Occupation (for Individual) President/CEO
--	--

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
06	/	14	/	2018

Transaction ID : SA11AI.9111

Amount of Each Receipt this Period
1000.00

Memo Item Contribution

B. Stam, Blair, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2065 Compton Avenue

City Corona	State CA	Zip Code 92881
----------------	-------------	-------------------

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

Name of Employer (for Individual) Signature Healthcare Services	Occupation (for Individual) Executive VP
--	---

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
06	/	14	/	2018

Transaction ID : SA11AI.9112

Amount of Each Receipt this Period
500.00

Memo Item Contribution

C. Turner, Brent, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6100 Tower Circle

City Franklin	State TN	Zip Code 37067
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Acadia Healthcare	Occupation (for Individual) Hospital Administration
--	--

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
06	/	28	/	2018

Transaction ID : SA11AI.9119

Amount of Each Receipt this Period
1000.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 11 OF 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association for Behavioral Healthcare PAC (NABH Champions PAC)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Wattenberg, Sarah, , ,

Mailing Address 900 17th Street, NW
 Suite 420

City Washington State DC Zip Code 20006

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

Name of Employer (for Individual) National Association for Behav Occupation (for Individual) Director of Quality & Addiction Serv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 06 / 21 / 2018
Transaction ID : SA11AI.9113

Amount of Each Receipt this Period
 250.00

Memo Item Contribution

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	21737.94

**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 16
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 for Behavioral Healthcare PAC (NABH Champions PAC)

A. ACADIA HEALTHCARE COMPANY INC FEDPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6100 TOWER CIRCLE ROAD
SUITE 1000

City FRANKLIN State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C** C00496919

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2018

Transaction ID : SA11C.9134

Amount of Each Receipt this Period
5000.00

Memo Item Contribution

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

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 16
<input 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 checked="" type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association for Behavioral Healthcare PAC (NABH Champions PAC)

A. TEAM RYAN

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 320 1ST ST SE

City WASHINGTON	State DC	Zip Code 20003
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FEC ID number of contributing federal political committee. **C** C00545947

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		29		2018

Transaction ID : SA16.9128

Amount of Each Receipt this Period
2500.00

Memo Item
Return Contribution

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00

**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"/> 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

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 for Behavioral Healthcare PAC (NABH Champions PAC)

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address PO Box 63020

City
San Francisco

State
CA

Zip Code
94163

Purpose of Disbursement
Bank fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.9126

Amount of Each Disbursement this Period

[REDACTED] 93.74

Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address PO Box 63020

City
San Francisco

State
CA

Zip Code
94163

Purpose of Disbursement
Bank fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		31		2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.9127

Amount of Each Disbursement this Period

[REDACTED] 110.34

Memo Item

Full Name (Last, First, Middle Initial)

C. Wells Fargo Bank

Mailing Address PO Box 63020

City
San Francisco

State
CA

Zip Code
94163

Purpose of Disbursement
Bank fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.9129

Amount of Each Disbursement this Period

[REDACTED] 390.98

Memo Item

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

[REDACTED] 595.06

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

[REDACTED] 595.06

**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"/> 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 for Behavioral Healthcare PAC (NABH Champions PAC)

Full Name (Last, First, Middle Initial)

A. BOB CASEY FOR SENATE INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2018

Mailing Address PO BOX 58746

City PHILADELPHIA State PA Zip Code 19102

FEC Identification Number

C C00431056

Transaction ID : SB23.9091

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name

CASEY, ROBERT P JR, , ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: PA District: 00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF MARK WARNER

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		16		2018

Mailing Address 1029 NORTH ROYAL STREET 2ND FL

City ALEXANDRIA State VA Zip Code 22314

FEC Identification Number

C C00438713

Transaction ID : SB23.9090

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name

WARNER, MARK ROBERT, , ,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: VA District: 00

Memo Item

Full Name (Last, First, Middle Initial)

C. KURT SCHRADER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		08		2018

Mailing Address PO BOX 3314

City OREGON CITY State OR Zip Code 97045

FEC Identification Number

C C00446906

Transaction ID : SB23.9095

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name

SCHRADER, KURT, , ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: OR District: 05

Memo Item

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

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

3000.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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 for Behavioral Healthcare PAC (NABH Champions PAC)

Full Name (Last, First, Middle Initial)

A. PAUL TONKO FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2018

Mailing Address 911 Central Avenue
PO Box 221

City Albany State NY Zip Code 12206

Purpose of Disbursement
Contribution

011
Category/ Type

FEC Identification Number

C	C00450049
---	-----------

Transaction ID : SB23.9096

Amount of Each Disbursement this Period

2500.00

Memo Item

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NY District: 21

Full Name (Last, First, Middle Initial)

B. TOMORROW IS MEANINGFUL PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2018

Mailing Address 1409 ASHLEY RIVER RD

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement
Contribution

011
Category/ Type

FEC Identification Number

C	S4SC00240
---	-----------

Transaction ID : SB23.9088

Amount of Each Disbursement this Period

1000.00

Memo Item

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: SC District: 00

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

FEC Identification Number

C	
---	--

Amount of Each Disbursement this Period

--

Memo Item

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

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

3500.00

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

6500.00
