

**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).....	