

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

2002 DEC -4 A 11:52 Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines.

12 FEB 4 2005

National Political Association of Politicians

Political Action Committee

ADDRESS (number and street) 3251 Steeles Ave. N. S. 1st Fl. NW

Check if different than previously reported. (ACC) Suite 16, 2151 Washington Ave. N. DC 20004

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

010010730

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) May 20 (M5) Aug 20 (M8) Nov 20 (M11)
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12)
Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

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

Election on

In the State of

(d) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on

In the State of

5. Covering Period

10/1/01 through 11/25/02

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. COVAT

Signature of Treasurer

Mark J. Covat

Date

12/08/2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X (Revised 1/01)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Write or Type Committee Name

National Association of Psychiatric Health Systems Political Action Committee

Report Covering the Period: From: 10 / 17 / 2002 To: 11 / 25 / 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2,266.2</u>		<u>3,388.70</u>
(b) Cash on Hand at Beginning of Reporting Period	<u>1,293.70</u>	
(c) Total Receipts (from Line 19)	<u>2,225.40</u>	<u>5,880.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<u>2,518.70</u>	<u>6,268.70</u>
7. Total Disbursements (from Line 30)	<u>750.00</u>	<u>7,500.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<u>1,768.70</u>	<u>1,768.70</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 (Revised 1/01)

Write or Type Committee Name

National Association of Psychiatric Health Systems Political Action Committee

Report Covering the Period: From: 10/17/2002 To: 11/25/2002

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)

1,050.00

(ii) Unitemized

175.00

(iii) TOTAL (add

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

1,225.00

5,880.00

(b) Political Party Committees

(c) Other Political Committees (such as PACs)

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)

1,225.00

5,880.00

12. Transfers From Affiliated/Other Party Committees

13. All Loans Received

14. Loan Repayments Received

15. Offers To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees

17. Other Federal Receipts (Dividends, Interest, etc.)

18. Transfers from Nonfederal Account for Joint Activity

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)

1,225.00

5,880.00

20. Total Federal Receipts (subtract Line 18 from Line 19)

1,225.00

5,880.00

DETAILED SUMMARY PAGE

of Disbursements

FED Form 3X (Revised 1/01)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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 Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	7,500.00	7,500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use 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		
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	7,500.00	7,500.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)	7,500.00	7,500.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	12,250.00	5,838.00
33. Total Contribution Refunds (from Line 28(d))	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	12,250.00	5,838.00
35. Total Federal Operating Expenditures (add Lines 21(a)(i) and Line 21(b))		
36. Offsets to Operating Expenditures (from Line 15, page 3)		
37. 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
Detailed Summary Page

FOR LINE NUMBER:		PAGE 1 OF 2	
<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 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 of Psychiatric Health Systems Political Action Committee

Full Name (Last, First, Middle Initial) A. Nuckles Craig		Date of Receipt 10 / 18 / 2002
Mailing Address 4600 Samuel Blvd.		Amount of Each Receipt this Period 2,500.00
City Dallas	State Zip Code TX 75228	
FEC ID number of contributing federal political committee C		
Name of Employer Universal Health Services	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Bennett Edwin		Date of Receipt 10 / 24 / 2002
Mailing Address 518 Northampton Road		Amount of Each Receipt this Period 300.00
City Lesburg	State Zip Code GA 31763	
FEC ID number of contributing federal political committee C		
Name of Employer Universal Health Services	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Vargas Vega Laura		Date of Receipt 11 / 20 / 2002
Mailing Address Cable 50 Bldg. 54 No. 12		Amount of Each Receipt this Period 2,500.00
City Carolina	State Zip Code PR 00985	
FEC ID number of contributing federal political committee C		
Name of Employer Universal Health Services	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	2,500.00
TOTAL This Period (last page this line number only)	2,500.00

**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)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 18

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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. Recupero Patricia

Mailing Address

37 Ehnway Street

City

State

Zip Code

Providence

RI

02906

Date of Receipt

MM	DD	YYYY
01	08	2002

Amount of Each Receipt this Period

2	5	0	0	0	0
---	---	---	---	---	---

FEC ID number of contributing federal political committee.

C

Name of Employer

Butler Hospital

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

--

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Date of Receipt

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Amount of Each Receipt this Period

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FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Date of Receipt

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Amount of Each Receipt this Period

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FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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SUBTOTAL of Receipts This Page (optional)

2	5	0	0	0	0
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TOTAL This Period (last page this file number only)

1	0	5	0	0	0
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**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 1 OF 1
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 29	
	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c		

Any information copied from such Reports and Statements may not be 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

A.

Full Name (Last, First, Middle Initial)
Forbes for Congress

Mailing Address
P.O. Box 15100

City State Zip Code
Chesapeake VA 23328

Purpose of Disbursement
Fundraising

Candidate Name

Category/Type

Offices Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
10/15/2002

Amount of Each Disbursement this Period
2500.00

B.

Full Name (Last, First, Middle Initial)
Friends of Mary Landrieu

Mailing Address
503 Capitol Court, NE

City State Zip Code
Washington DC 20002

Purpose of Disbursement

Candidate Name

Category/Type

Offices Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
10/20/2002

Amount of Each Disbursement this Period
5000.00

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Offices Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) **7500.00**

TOTAL This Period (last page this line number only) **7500.00**

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 <i>12/14/02</i>
<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 <hr/> and/or Date of Receipt
<input type="checkbox"/>	Electronic Filing	
<i>ga</i>	PREPARER	<i>12/14/02</i> DATE PREPARED

2002-12-13 10:26:23 AM