

**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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20

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. 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

Amount
2,500.00

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Butler Hospital

Receipt For:

Aggregate Year-to-Date ▼

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Aggregate Year-to-Date ▼

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date

Date of Receipt

MM	DD	YYYY

Amount of Each Receipt this Period

Amount

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Aggregate Year-to-Date ▼

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date

Date of Receipt

MM	DD	YYYY

Amount of Each Receipt this Period

Amount

SUBTOTAL of Receipts This Page (optional)

2,500.00

TOTAL This Period (last page this file number only)

1,050.00
