

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/PAC)

ADDRESS (number and street) 900 17TH STREET, NW SUITE 420 WASHINGTON DC 20006

2. FEC IDENTIFICATION NUMBER C C00107136 3. IS THIS REPORT NEW (N) OR AMENDED (A) x

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (selected), Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 01 / 01 / 2017 through 06 / 30 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Covall, Mark, , , Type or Print Name of Treasurer

Signature of Treasurer Covall, Mark, , , [Electronically Filed] Date 01 / 30 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/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="2017"/>	<input type="text" value="73872.13"/>	<input type="text" value="73872.13"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="73872.13"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="60844.06"/>	<input type="text" value="60844.06"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="134716.19"/>	<input type="text" value="134716.19"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="19701.53"/>	<input type="text" value="19701.53"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="115014.66"/>	<input type="text" value="115014.66"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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 OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/PAC)

Report Covering the Period: From: / / To: / /

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).....	36891.47	36891.47
(ii) Unitemized	13899.86	13899.86
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	50791.33	50791.33
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	60791.33	60791.33
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.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	52.73	52.73
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)).....▶	60844.06	60844.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	60844.06	60844.06

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	1201.53	1201.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1201.53	1201.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18500.00	18500.00
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)) ..	19701.53	19701.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19701.53	19701.53

DETAILED SUMMARY PAGE
of Disbursements

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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)	60791.33	60791.33
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	60791.33	60791.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1201.53	1201.53
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1201.53	1201.53

**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 35
<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 OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/PAC)

A. Adams Nowak, Michele, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8135 Goodman Rd
 City Olive Branch State MO Zip Code 38654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHS of Delaware Occupation (for Individual) Division VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **05 / 12 / 2017**
Transaction ID : SA11AI.8726
 Amount of Each Receipt this Period 300.00
 Memo Item
 Donation

B. Alam, Muhammad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3015 Veteran's Parkway
 City Moultrie State GA Zip Code 31788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHS- Turning Point Hospital Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **04 / 26 / 2017**
Transaction ID : SA11AI.8631
 Amount of Each Receipt this Period 300.00
 Memo Item
 Donation

C. Andrews, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8521 LaGrauge Road
 City Louisville State KY Zip Code 40242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Brook Hospital Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 31 / 2017**
Transaction ID : SA11AI.8817
 Amount of Each Receipt this Period 250.00
 Memo Item
 Donation

SUBTOTAL of Receipts This Page (optional).....	850.00
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 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/PAC)

A. Applegate, Darien, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 367 S. Gulph Road
 City King of Prussia State PA Zip Code 19406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHS of Delaware Occupation (for Individual) SVP Business Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 12 / 2017
Transaction ID : SA11AI.8717
 Amount of Each Receipt this Period 350.00
 Memo Item
 Donation

B. Arnett, Frances, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5900 W. Rochelle Ave.
 City Las Vegas State NV Zip Code 89103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montevista Hospital Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 26 / 2017
Transaction ID : SA11AI.8623
 Amount of Each Receipt this Period 250.00
 Memo Item
 Donation

C. Bedford, Timothy, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1940 Harrison Avenue
 City Panama City State FL Zip Code 32405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emerald Coast Behavioral Hospi Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 19 / 2017
Transaction ID : SA11AI.8618
 Amount of Each Receipt this Period 250.00
 Memo Item
 Donation

SUBTOTAL of Receipts This Page (optional).....▶	850.00
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 8 OF 35
<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 OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/PAC)

A. Bennett, Edwin, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3015 Veteran's Parkway
 City Moultrie State GA Zip Code 31788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Turning Point Hospital Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 26 / 2017
Transaction ID : SA11AI.8673
 Amount of Each Receipt this Period 300.00
 Memo Item
 Donation

B. Birse, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11301 SE Tequesta Terrace
 City Tequesta State FL Zip Code 33469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sandy Pines Occupation (for Individual) ARNP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 18 / 2017
Transaction ID : SA11AI.8763
 Amount of Each Receipt this Period 250.00
 Memo Item
 Donation

C. Boynton, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 E. Earle Street
 City Greenville State SC Zip Code 29609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carolina Center for Behavioral Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 07 / 2017
Transaction ID : SA11AI.8851
 Amount of Each Receipt this Period 250.00
 Memo Item
 Donation

SUBTOTAL of Receipts This Page (optional).....	800.00
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 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/PAC)

A. Carney, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3531 Lakeland Drive
 City Flowood State MS Zip Code 39232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brentwood Behavioral Healthcar Occupation (for Individual) Healthcare Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 04 / 2017
Transaction ID : SA11AI.8704
 Amount of Each Receipt this Period 500.00
 Memo Item
 Donation

B. Cocca, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 250 Raymond Drive
 City Hubbard State OH Zip Code 44425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Belmont Pines Hospital Occupation (for Individual) CEO/Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 30 / 2017
Transaction ID : SA11AI.8810
 Amount of Each Receipt this Period 250.00
 Memo Item
 Donation

C. Constant, Jean-Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 725 Horespond Rd
 City Dover State DE Zip Code 19901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dover Behavioral Health System Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 12 / 2017
Transaction ID : SA11AI.8729
 Amount of Each Receipt this Period 250.00
 Memo Item
 Donation

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 10 OF 35
<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 OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/PAC)

A. Cottle, Jeremy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1350 E. 750 N.
 City Orem State UT Zip Code 84097
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Proud Canyon Behavioral Health Occupation (for Individual) Administrator/Social Worker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 02 / 2017
Transaction ID : SA11AI.8693
 Amount of Each Receipt this Period 250.00
 Memo Item
 Donation

B. Davis, Dustin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5995 SE Community Dr.
 City Stuart State FL Zip Code 34997
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coral Shores Behavioral Health Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 26 / 2017
Transaction ID : SA11AI.8635
 Amount of Each Receipt this Period 250.00
 Memo Item
 Donation

C. Denev, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12396 World Trade Drive Suite 219
 City San Diego State CA Zip Code 92128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Universal Health Services Occupation (for Individual) Division Senior VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 09 / 2017
Transaction ID : SA11AI.8753
 Amount of Each Receipt this Period 350.00
 Memo Item
 Donation

SUBTOTAL of Receipts This Page (optional).....	850.00
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 11 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/PAC)

A. Diaz, Isa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1172 South Dixie Highway
 #441B

City Coral Gables State FL Zip Code 33146

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

Name of Employer (for Individual) Universal Health Services Occupation (for Individual) VP of Public Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 19 / 2017
Transaction ID : SA11AI.8597

Amount of Each Receipt this Period 250.00

Memo Item
 Donation

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

Mailing Address 8295 Tournament Drive
 Suite 201

City Memphis State TN Zip Code 38125

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 ▼ 4480.08

Date of Receipt 06 / 23 / 2017
Transaction ID : SA11AI.8877

Amount of Each Receipt this Period 4480.08

Memo Item
 Donation

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

Mailing Address 8295 Tournament Drive
 Suite 201

City Memphis State TN Zip Code 38125

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 ▼ 4480.08

Date of Receipt 06 / 23 / 2017
Transaction ID : SA11AI.8874

Amount of Each Receipt this Period 4480.08

Memo Item
 Donation

SUBTOTAL of Receipts This Page (optional)..... ▶ 9210.16

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 12 OF 35
<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 OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/PAC)

A. Dozier, Takeshia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1022 Willow Creek Way
 City Alabaster State AL Zip Code 35007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hill Crest Behavioral Health Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 18 / 2017
Transaction ID : SA11AI.8771
 Amount of Each Receipt this Period 250.00
 Memo Item
 Donation

B. Eaks, Alan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7000 W. Spring Mountain Road
 City Las Vegas State NV Zip Code 89117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spring Mountain Treatment Cent Occupation (for Individual) Hospital Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 02 / 2017
Transaction ID : SA11AI.8696
 Amount of Each Receipt this Period 500.00
 Memo Item
 Donation

C. Escardo, Ron, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10200 NE 132nd Street
 City Kirkland State WA Zip Code 98034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fairfax Behavioral Health Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 18 / 2017
Transaction ID : SA11AI.8758
 Amount of Each Receipt this Period 300.00
 Memo Item
 Donation

SUBTOTAL of Receipts This Page (optional).....	1050.00
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 13 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/PAC)

A. Evans, Lisa, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8135 Goodman Road

City Olive Branch	State MS	Zip Code 38654
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Parkwood Behavioral Health Sys	Occupation (for Individual) CEO/Managing Director
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 05 / 31 / 2017
Transaction ID : SA11AI.8818

Amount of Each Receipt this Period
 250.00

Memo Item
 Donation

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

Mailing Address 860 Kempsville Rd

City Norfolk	State VA	Zip Code 23502
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Universal Health Services, Inc	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 05 / 12 / 2017
Transaction ID : SA11AI.8719

Amount of Each Receipt this Period
 250.00

Memo Item
 Donation

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

Mailing Address 2927 Demere Rd

City St. Simons	State GA	Zip Code 31522
--------------------	-------------	-------------------

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

Name of Employer (for Individual) St. Simons by the Sea	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 04 / 28 / 2017
Transaction ID : SA11AI.8682

Amount of Each Receipt this Period
 250.00

Memo Item
 Donation

SUBTOTAL of Receipts This Page (optional).....	750.00
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 14 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/PAC)

A. Fletcher, John, D., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 367 S. Gulph Road
 City King of Prussia State PA Zip Code 19406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Universal Health Services Healthcare Administrator
 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
 05 / 01 / 2017
Transaction ID : SA11AI.8692
 Amount of Each Receipt this Period
 500.00
 Memo Item
 Donation

B. Floyd, GD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8295 Tournament Drive Suite 201
 City Memphis State TN Zip Code 38125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Strategic Behavioral Health Health Care Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4480.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2017
Transaction ID : SA11AI.8878
 Amount of Each Receipt this Period
 4480.08
 Memo Item
 Donation

C. Frizzell, Lamar, C., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10200 NE 132nd Street
 City Kirkland State WA Zip Code 98034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Fairfax Behavioral Health Assistant Administrator
 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
 05 / 18 / 2017
Transaction ID : SA11AI.8752
 Amount of Each Receipt this Period
 500.00
 Memo Item
 Donation

SUBTOTAL of Receipts This Page (optional).....	5480.08
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 15 OF 35
<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 OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/PAC)

A. Gilberti, Gary, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 Summer Street
 Suite 308

City Franklin State MA Zip Code 02038

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

Name of Employer (for Individual) Universal Health Services Occupation (for Individual) SVP Behavioral Health

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 23 / 2017
Transaction ID : SA11AI.8870

Amount of Each Receipt this Period 350.00

Memo Item
 Donation

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

Mailing Address 2911 Brunswick Road

City Memphis State TN Zip Code 38133

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

Name of Employer (for Individual) Lake Side Behavioral Occupation (for Individual) CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 07 / 2017
Transaction ID : SA11AI.8844

Amount of Each Receipt this Period 300.00

Memo Item
 Donation

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

Mailing Address 5353 G Street

City Chino State CA Zip Code 91710

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

Name of Employer (for Individual) Canyon Ridge Hospital Occupation (for Individual) CFO

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 13 / 2017
Transaction ID : SA11AI.8856

Amount of Each Receipt this Period 500.00

Memo Item
 Donation

SUBTOTAL of Receipts This Page (optional).....	1150.00
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 16 OF 35
<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 OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/PAC)

A. Harrod, Laurence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 367 S. Gulph Road
 City King of Prussia State PA Zip Code 19406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Universal Health Services Occupation (for Individual) Accountant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 19 / 2017**
Transaction ID : SA11AI.8602
 Amount of Each Receipt this Period 250.00
 Memo Item
 Donation

B. Heckerman, Ray, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12550 W. Highway 29
 City Liberty Hill State TX Zip Code 78642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Meridell Achievement Center Occupation (for Individual) CEO/Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt **05 / 02 / 2017**
Transaction ID : SA11AI.8694
 Amount of Each Receipt this Period 1100.00
 Memo Item
 Donation

C. Hollinsworth, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8521 LaGrange Road 2nd Floor
 City Louisville State KY Zip Code 40242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Brook Hospital Occupation (for Individual) Div. V.R.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **06 / 13 / 2017**
Transaction ID : SA11AI.8858
 Amount of Each Receipt this Period 250.00
 Memo Item
 Donation

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.8694

Recorded as \$1,000 on original filing due to clerical error.

Form/Schedule:

Transaction ID:

**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 18 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/PAC)

A. Hudson, Roslind, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 367 S. Gulph Road
 City King of Prussia State PA Zip Code 19406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Health Services Occupation (for Individual) Divisional VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **06 / 09 / 2017**
Transaction ID : SA11AI.8859
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Donation

B. Johnson, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 367 S. Gulph Road
 City King of Prussia State PA Zip Code 19406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHS of Delaware Occupation (for Individual) SVP, Clinical Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 26 / 2017**
Transaction ID : SA11AI.8633
 Amount of Each Receipt this Period 500.00
 Memo Item
 Donation

C. Kim, Soon, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6238 Green River Road
 City Corona State CA Zip Code 92880
 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 ▼ 500.00

Date of Receipt **05 / 30 / 2017**
Transaction ID : SA11AI.8797
 Amount of Each Receipt this Period 500.00
 Memo Item
 Donation

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 19 OF 35
<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 OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/PAC)

A. Knott, Kerry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 367 S. Gulph Road
 City King of Prussia State PA Zip Code 19406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Universal Health Services Occupation (for Individual) Healthcare Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 26 / 2017
Transaction ID : SA11AI.8622
 Amount of Each Receipt this Period 250.00
 Memo Item
 Donation

B. Lacy, Dwight, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1011 N. Cooper St.
 City Arlington State TX Zip Code 76011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Universal Health Services, Inc Occupation (for Individual) Healthcare Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 26 / 2017
Transaction ID : SA11AI.8625
 Amount of Each Receipt this Period 250.00
 Memo Item
 Donation

C. Lawson, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8295 Tournament Drive Suite 201
 City Memphis State TN Zip Code 38125
 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 ▼ 601.00

Date of Receipt 06 / 23 / 2017
Transaction ID : SA11AI.8875
 Amount of Each Receipt this Period 601.00
 Memo Item
 Donation

SUBTOTAL of Receipts This Page (optional).....	1101.00
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 20 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/PAC)

A. McCabe, Stephen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6869 5th Avenue South

City Birmingham	State AL	Zip Code 35212
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Hillcrest Behavioral Health	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2017

Transaction ID : SA11AI.8774

Amount of Each Receipt this Period
350.00

Memo Item
Donation

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

Mailing Address 367 S. Gulph Road

City King of Prussia	State PA	Zip Code 19406
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) Friends Hospital	Occupation (for Individual) CEO/Group Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2017

Transaction ID : SA11AI.8578

Amount of Each Receipt this Period
300.00

Memo Item
Donation

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

Mailing Address 2900 Sunset Boulevard

City West Columbia	State SC	Zip Code 29169
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Three Rivers Behavioral Health	Occupation (for Individual) CEO
---	------------------------------------

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	/	07	/	2017

Transaction ID : SA11AI.8838

Amount of Each Receipt this Period
500.00

Memo Item
Donation

SUBTOTAL of Receipts This Page (optional).....	1150.00
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 21 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/PAC)

A. Miller, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 Bridgeway Road

City North Little Rock	State AR	Zip Code 72113
---------------------------	-------------	-------------------

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

Name of Employer (for Individual) BridgeWay Hospital	Occupation (for Individual) CEO/Managing Director
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 05 / 12 / 2017
Transaction ID : SA11AI.8745

Amount of Each Receipt this Period
 300.00

Memo Item
 Donation

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

Mailing Address 367 S. Gulph Road

City King of Prussia	State PA	Zip Code 19406
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) Universal Health Services, Inc	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 05 / 18 / 2017
Transaction ID : SA11AI.8759

Amount of Each Receipt this Period
 250.00

Memo Item
 Donation

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

Mailing Address 110 Westwood Place

City Brentwood	State TN	Zip Code 37027
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Universal Health Services	Occupation (for Individual) VP of Development
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 05 / 12 / 2017
Transaction ID : SA11AI.8718

Amount of Each Receipt this Period
 300.00

Memo Item
 Donation

SUBTOTAL of Receipts This Page (optional).....	850.00
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 22 OF 35
<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 OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/PAC)

A. Montes, Lisa, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23700 Camino Del Sol
 City Torrance State CA Zip Code 90814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Del Amo Hospital Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 26 / 2017
Transaction ID : SA11AI.8645
 Amount of Each Receipt this Period 250.00
 Memo Item
 Donation

B. Morrell, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 303 N Allumbaugh St.
 City Boise State ID Zip Code 83704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Intermountain Hospital Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 18 / 2017
Transaction ID : SA11AI.8614
 Amount of Each Receipt this Period 500.00
 Memo Item
 Donation

C. Munoz, Astro, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1400
 City Cidra State PR Zip Code 00739-1400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) First Hospital Panamericano Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 05 / 02 / 2017
Transaction ID : SA11AI.8702
 Amount of Each Receipt this Period 800.00
 Memo Item
 Donation

SUBTOTAL of Receipts This Page (optional).....	1550.00
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 23 OF 35
<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 OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/PAC)

A. Orians, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8295 Tournament Drive
 Suite 201

City Memphis State TN Zip Code 38125

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 ▼ 200.23

Date of Receipt 06 / 23 / 2017
Transaction ID : SA11AI.8876

Amount of Each Receipt this Period 200.23

Memo Item
 Donation

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

Mailing Address 3015 Veterans' Parkway

City Moultrie State GA Zip Code 31788

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

Name of Employer (for Individual) Turning Point Hospital Occupation (for Individual) CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 26 / 2017
Transaction ID : SA11AI.8674

Amount of Each Receipt this Period 300.00

Memo Item
 Donation

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

Mailing Address 1800 North Oak Drive

City Plymouth State IN Zip Code 46563

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

Name of Employer (for Individual) Michiana Behavioral Health Occupation (for Individual) CEO

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 26 / 2017
Transaction ID : SA11AI.8634

Amount of Each Receipt this Period 1000.00

Memo Item
 Donation

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.23

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 24 OF 35
	<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 OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/PAC)

A. Perry, Sally, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1150 Cornell Avenue

City Savannah	State GA	Zip Code 31406
------------------	-------------	-------------------

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

Name of Employer (for Individual) Coastal Harbor Health System	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2017

Transaction ID : SA11AI.8845

Amount of Each Receipt this Period
 250.00

Memo Item
 Donation

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

Mailing Address 152 Waccamaw Medical Park

City Conway	State SC	Zip Code 29526
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Lighthouse Care Center Conway	Occupation (for Individual) CEO
--	------------------------------------

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
 05 / 18 / 2017

Transaction ID : SA11AI.8760

Amount of Each Receipt this Period
 500.00

Memo Item
 Donation

C. Scallon, Jean-Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3600 N. Prow Road

City Bloomington	State IN	Zip Code 47404
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Bloomington Meadows Hospital	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2017

Transaction ID : SA11AI.8860

Amount of Each Receipt this Period
 250.00

Memo Item
 Donation

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 25 OF 35
<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 OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/PAC)

A. Shaheen, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8295 Tournament Drive
 Suite 201

City Memphis State TN Zip Code 38125

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 06 / 23 / 2017
Transaction ID : SA11AI.8873

Amount of Each Receipt this Period 500.00

Memo Item
 Donation

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

Mailing Address 367 S. Gulph Rd.

City King of Prussia State PA Zip Code 19406

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

Name of Employer (for Individual) Universal Health Services Occupation (for Individual) Interim/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2017
Transaction ID : SA11AI.8815

Amount of Each Receipt this Period 250.00

Memo Item
 Donation

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

Mailing Address 237 Avenue of the Palms

City Myrtle Beach State SC Zip Code 29579

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

Name of Employer (for Individual) Rupa Shetty, LLC Occupation (for Individual) Psychiatrist/MD

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 18 / 2017
Transaction ID : SA11AI.8761

Amount of Each Receipt this Period 500.00

Memo Item
 Donation

SUBTOTAL of Receipts This Page (optional).....	1250.00
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 26 OF 35
	<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 OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/PAC)

A. 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 ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2017

Transaction ID : SA11AI.8776

Amount of Each Receipt this Period
 1000.00

Memo Item
 Donation

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

Mailing Address 1421 N. Claremont Avenue
 3rd Floor

City Chicago	State IL	Zip Code 60622
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Chicago Childrens Center for B	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2017

Transaction ID : SA11AI.8852

Amount of Each Receipt this Period
 250.00

Memo Item
 Donation

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

Mailing Address 1000 Health Park Drive

City Brentwood	State TN	Zip Code 37027
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Universal Health Services, Inc	Occupation (for Individual) Healthcare Administrator
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2017

Transaction ID : SA11AI.8677

Amount of Each Receipt this Period
 300.00

Memo Item
 Donation

SUBTOTAL of Receipts This Page (optional).....	1550.00
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 27 OF 35
<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 OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/PAC)

A. Watkins, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1965 Lakepointe Dr
 Suite 100

City Lewisville State TX Zip Code 75057

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

Name of Employer (for Individual) Horizon Health Occupation (for Individual) SVP Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 06 / 13 / 2017
Transaction ID : SA11AI.8861

Amount of Each Receipt this Period
 250.00

Memo Item
 Donation

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

Mailing Address 10200 NE 132nd St

City Kirkland State WA Zip Code 98034

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

Name of Employer (for Individual) Fairfax Behavioral Health Occupation (for Individual) Director, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 05 / 18 / 2017
Transaction ID : SA11AI.8754

Amount of Each Receipt this Period
 300.00

Memo Item
 Donation

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

Mailing Address 2700 E. Philips

City Greer State SC Zip Code 26950

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

Name of Employer (for Individual) The Carolina Center for BH Occupation (for Individual) CEO/Req VP

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 06 / 07 / 2017
Transaction ID : SA11AI.8829

Amount of Each Receipt this Period
 300.00

Memo Item
 Donation

SUBTOTAL of Receipts This Page (optional).....	850.00
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 28 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/PAC)

A. Worsham, Sharon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 367 S. Gulph Road
 City King of Prussia State PA Zip Code 19406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Universal Health Services Occupation (for Individual) Division VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 22 / 2017
Transaction ID : SA11AI.8871
 Amount of Each Receipt this Period 250.00
 Memo Item
 Donation

B. Wright, Coleby, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5314 Dashwood Dr Suite 300
 City Houston State TX Zip Code 77081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Behavioral Hospital of Bellair Occupation (for Individual) Hospital Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 26 / 2017
Transaction ID : SA11AI.8627
 Amount of Each Receipt this Period 250.00
 Memo Item
 Donation

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).....▶	500.00
TOTAL This Period (last page this line number only).....▶	36891.47

**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 29 OF 35
<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 OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/PAC)

A. HCA INC. GOOD GOVERNMENT FUND

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

Mailing Address PO BOX 550
 ONE PARK PLAZA

City NASHVILLE State TN Zip Code 37203

FEC ID number of contributing federal political committee. **C** C00067231

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 / 23 / 2017

Transaction ID : SA11C.8583

Amount of Each Receipt this Period
 5000.00

Memo Item
 Donation

B. UNIVERSAL HEALTH SERVICES INC EMPLOYEES' GOOD GOVERNMENT FUND

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

Mailing Address 367 SOUTH GULPH ROAD

City KING OF PRUSSIA State PA Zip Code 19406

FEC ID number of contributing federal political committee. **C** C00185520

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
 05 / 30 / 2017

Transaction ID : SA11C.8586

Amount of Each Receipt this Period
 5000.00

Memo Item
 Donation

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).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	10000.00

**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

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/PAC)

A. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 28 / 2017

FEC Identification Number: C

Transaction ID : SB21B.8922

Amount of Each Disbursement this Period: 175.80

Memo Item

B. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 31 / 2017

FEC Identification Number: C

Transaction ID : SB21B.8923

Amount of Each Disbursement this Period: 93.34

Memo Item

C. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 30 / 2017

FEC Identification Number: C

Transaction ID : SB21B.8924

Amount of Each Disbursement this Period: 93.35

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 362.49

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

**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

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/PAC)

Full Name (Last, First, Middle Initial) A. Wells Fargo Bank			Date of Disbursement MM / DD / YYYY 05 / 31 / 2017		
Mailing Address PO Box 63020			FEC Identification Number C [] Transaction ID : SB21B.8925 Amount of Each Disbursement this Period [] 397.57		
City San Francisco	State CA	Zip Code 94163	Category/Type []		
Purpose of Disbursement Bank fees		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: []	District: []				

Full Name (Last, First, Middle Initial) B. Wells Fargo Bank			Date of Disbursement MM / DD / YYYY 06 / 30 / 2017		
Mailing Address PO Box 63020			FEC Identification Number C [] Transaction ID : SB21B.8926 Amount of Each Disbursement this Period [] 348.17		
City San Francisco	State CA	Zip Code 94163	Category/Type []		
Purpose of Disbursement Bank fees		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: []	District: []				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement MM / DD / YYYY [] / [] / []		
Mailing Address			FEC Identification Number C [] Amount of Each Disbursement this Period []		
City	State	Zip Code	Category/Type []		
Purpose of Disbursement		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: []	District: []				

SUBTOTAL of Disbursements This Page (optional).....▶	[] 745.74
TOTAL This Period (last page this line number only).....▶	[] 1108.23

**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 OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/PAC)

A. BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 606

City TARPON SPRINGS State FL Zip Code 34688

Purpose of Disbursement Contribution
Candidate Name **BILIRAKIS, GUS M, , ,**

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

State: FL District: 12

Date of Disbursement: 02 / 22 / 2017

FEC Identification Number: **C00408534**
Transaction ID : **SB23.8898**
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

B. BILL NELSON FOR U S SENATE

Full Name (Last, First, Middle Initial)
Mailing Address 972 W WHITMIRE DRIVE

City MELBOURNE State FL Zip Code 32935

Purpose of Disbursement Contribution
Candidate Name **NELSON, BILL, , ,**

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

State: FL District: 00

Date of Disbursement: 04 / 28 / 2017

FEC Identification Number: **C00344051**
Transaction ID : **SB23.8908**
Amount of Each Disbursement this Period: 2500.00

Category/Type: 011

Memo Item

C. DIANE BLACK FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1437

City GALLATIN State TN Zip Code 37066

Purpose of Disbursement Contribution
Candidate Name **BLACK, DIANE L MRS., , ,**

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

State: TN District: 06

Date of Disbursement: 02 / 28 / 2017

FEC Identification Number: **C H0TN06257**
Transaction ID : **SB23.8899**
Amount of Each Disbursement this Period: 2500.00

Category/Type: 011

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6000.00

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

**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 OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/PAC)

A. PEOPLE FOR DEREK KILMER

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1381

City TACOMA State WA Zip Code 98402

Purpose of Disbursement Contribution
Candidate Name **KILMER, DEREK, , ,**

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

State: WA District: 06

Date of Disbursement: 03 / 29 / 2017

FEC Identification Number: **C00514893**
Transaction ID : **SB23.8900**
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

B. PORT PAC

Full Name (Last, First, Middle Initial)
Mailing Address 16633 VENTURA BLVD., #1008

City ENCINO State CA Zip Code 91436

Purpose of Disbursement Contribution
Candidate Name

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

State: District:

Date of Disbursement: 03 / 10 / 2017

FEC Identification Number: **C00626184**
Transaction ID : **SB23.8893**
Amount of Each Disbursement this Period: 2500.00

Category/Type: 012

Memo Item

C. TIM MURPHY FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 24551

City Pttsburgh State PA Zip Code 15234

Purpose of Disbursement Contribution
Candidate Name **MURPHY, TIM, , ,**

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

State: PA District: 18

Date of Disbursement: 02 / 10 / 2017

FEC Identification Number: **C00372201**
Transaction ID : **SB23.8897**
Amount of Each Disbursement this Period: 1500.00

Category/Type: 011

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5000.00

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

**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 OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/PAC)

A. TOMORROW IS MEANINGFUL PAC-TIM PAC

Full Name (Last, First, Middle Initial)

Mailing Address 1409 ASHLEY RIVER RD

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 09 / 2017

FEC Identification Number: C00495887

Transaction ID : SB23.8891

Amount of Each Disbursement this Period: 1500.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	18500.00