

**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
 M M M / D D D / Y Y Y Y Y Y
 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
 M M M / D D D / Y Y Y Y Y Y
 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
 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).....▶ | 500.00 |
| TOTAL This Period (last page this line number only).....▶ | 36891.47 |