

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 18
(check only one)

<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)

Full Name (Last, First, Middle Initial)
A. Bruce Shear

Mailing Address 200 Lake Street, # 102

City Peabody	State MA	Zip Code 01945
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pioneer Behavioral Health	Occupation Health Care Executive
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2013

Transaction ID : SA11AI.7815

Amount of Each Receipt this Period
250.00

Contribution

Full Name (Last, First, Middle Initial)
B. Fernando Siles

Mailing Address 301 E. Division Street

City Greenville	State TX	Zip Code 75402
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FEC ID number of contributing federal political committee. **C**

Name of Employer Glen Oaks Hospital	Occupation Pyschiatrist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2013

Transaction ID : SA11AI.7791

Amount of Each Receipt this Period
250.00

Contribution

Full Name (Last, First, Middle Initial)
C. Nicole Simpkins

Mailing Address 227 Madrid

City Benton	State AR	Zip Code 72015
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pinnacle Pointe, Universal Hea	Occupation Hospital Executive
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
08 / 28 / 2013

Transaction ID : SA11AI.7839

Amount of Each Receipt this Period
260.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	760.00
TOTAL This Period (last page this line number only).....▶	