

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.

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

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER ▼** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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

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

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

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 / / through / /

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 Covall

Signature of Treasurer Mark Covall [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2015"/>		<input type="text" value="52747.86"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="52747.86"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="50406.46"/>	<input type="text" value="50406.46"/>
(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="103154.32"/>	<input type="text" value="103154.32"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="32499.73"/>	<input type="text" value="32499.73"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="70654.59"/>	<input type="text" value="70654.59"/>
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

FEC Form 3X (Rev. 06/2004)

Page 3

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).....	37035.33	37035.33
(ii) Unitemized	8348.10	8348.10
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	45383.43	45383.43
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	50383.43	50383.43
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.).....	23.03	23.03
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))..... ▶	50406.46	50406.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	50406.46	50406.46

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	999.73	999.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	999.73	999.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31500.00	31500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	32499.73	32499.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32499.73	32499.73

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)	50383.43	50383.43
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50383.43	50383.43
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	999.73	999.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	999.73	999.73

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. Mr. Steven Airhart
 Full Name (Last, First, Middle Initial)
 Mailing Address 5730 West Roosevelt Road
 City Chicago State IL Zip Code 60644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Universal Health Services Occupation CEO- Hartgrove Behavioral Health
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 14 / 2015
Transaction ID : SA11AI.8105
 Amount of Each Receipt this Period 300.00
 Donation

B. Mr. Timothy Bedford
 Full Name (Last, First, Middle Initial)
 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 Emerald Coast Behavioral Hospi Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 08 / 2015
Transaction ID : SA11AI.8089
 Amount of Each Receipt this Period 250.00
 Donation

C. Geoffrey Botak
 Full Name (Last, First, Middle Initial)
 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 Universal Health Services Inc Occupation Division VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 01 / 2015
Transaction ID : SA11AI.8081
 Amount of Each Receipt this Period 250.00
 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 7 OF 32
	<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. Mr. Terrance Bridges
 Full Name (Last, First, Middle Initial)
 Mailing Address One Park Plaza
 City Nashville State TN Zip Code 37203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCA Occupation Hospital Executive
 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 / 12 / 2015
Transaction ID : SA11AI.8101
 Amount of Each Receipt this Period
 500.00
 Donation

B. John Cooper
 Full Name (Last, First, Middle Initial)
 Mailing Address 39001 Sundale Drive
 City Freemont State CA Zip Code 94538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UHS Fremont Hospital Occupation CEO
 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
 05 / 28 / 2015
Transaction ID : SA11AI.8136
 Amount of Each Receipt this Period
 300.00
 Donation

C. Gerald Corbett
 Full Name (Last, First, Middle Initial)
 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 Universal Health Systems DE Occupation Regional Dir of Finance
 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 / 03 / 2015
Transaction ID : SA11AI.8156
 Amount of Each Receipt this Period
 250.00
 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: PAGE 8 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Jeremy Cottle

Mailing Address 1350 E. 750 N.

City State Zip Code
 Orem UT 84097

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

Name of Employer Occupation
 Provo Canyon Behavioral Health CEO/ Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 201.00

Date of Receipt
 05 / 28 / 2015
Transaction ID : SA11AI.8141

Amount of Each Receipt this Period
 201.00

Donation

Full Name (Last, First, Middle Initial)
B. Mark Covall

Mailing Address 900 17th Street, NW
 Suite 420

City State Zip Code
 Washington DC 20006

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

Name of Employer Occupation
 Nat'l Assoc of Psy Health Sys President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 05 / 14 / 2015
Transaction ID : SA11AI.8108

Amount of Each Receipt this Period
 1000.00

Donation

Full Name (Last, First, Middle Initial)
C. Robert Doney

Mailing Address 12396 World Trade Drive
 Suite 219

City State Zip Code
 San Diego CA 92128

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

Name of Employer Occupation
 Universal Health Services Hospital Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 05 / 21 / 2015
Transaction ID : SA11AI.8123

Amount of Each Receipt this Period
 350.00

Donation

SUBTOTAL of Receipts This Page (optional)..... ▶ 1551.00

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: PAGE 9 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Isa Diaz

Mailing Address 367 S. Gulph Road

City State Zip Code
 King of Prussia PA 19406

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

Name of Employer Occupation
 Universal Health Services VP of Public Affairs

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
 05 / 21 / 2015
Transaction ID : SA11AI.8117

Amount of Each Receipt this Period
 250.00

Donation

Full Name (Last, First, Middle Initial)
B. Caroline Dobbs

Mailing Address 1000 Ridgeway Loop Road

City State Zip Code
 Memphis IN 38120

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

Name of Employer Occupation
 Strategic Behavioral Health Health Care Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 4494.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2015
Transaction ID : SA11AI.8256

Amount of Each Receipt this Period
 4494.15

Donation

Full Name (Last, First, Middle Initial)
C. Edward Dobbs

Mailing Address 1000 Ridgeway Loop Road

City State Zip Code
 Memphis IN 38120

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

Name of Employer Occupation
 Strategic Behavioral Health Health Care Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 4494.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2015
Transaction ID : SA11AI.8258

Amount of Each Receipt this Period
 4494.15

Donation

SUBTOTAL of Receipts This Page (optional)..... ▶ 9238.30

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 32
	<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. Juliette Dobbs
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 Ridgeway Loop Road
 City Memphis State IN Zip Code 38120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Strategic Behavioral Health Occupation Health Care Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4494.15

Date of Receipt 06 / 24 / 2015
Transaction ID : SA11AI.8257
 Amount of Each Receipt this Period 4494.15
 Donation

B. Mr. Ron Fincher
 Full Name (Last, First, Middle Initial)
 Mailing Address 9129 Brentmeade Blvd.
 City Brentwood State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Acadia Healthcare Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 01 / 2015
Transaction ID : SA11AI.8071
 Amount of Each Receipt this Period 1000.00
 Donation

C. David Fletcher-Janzen
 Full Name (Last, First, Middle Initial)
 Mailing Address 833 Park East Blvd.
 City Lafayette State IN Zip Code 47905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sycamore Springs Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 18 / 2015
Transaction ID : SA11AI.8246
 Amount of Each Receipt this Period 250.00
 Donation

SUBTOTAL of Receipts This Page (optional).....▶	5744.15
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 32
	<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. Jill Force
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 South Fifth Street
 City Louisville State KY Zip Code 40202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Springstone, Inc. Occupation Executive VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 24 / 2015
Transaction ID : SA11AI.8250
 Amount of Each Receipt this Period 750.00
 Donation

B. Keith Furman
 Full Name (Last, First, Middle Initial)
 Mailing Address 830 Crescent Centre Drive Suite 610
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Acadia Healthcare Occupation Division President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 14 / 2015
Transaction ID : SA11AI.8112
 Amount of Each Receipt this Period 250.00
 Donation

C. Michele Gougeon
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 Mill Street
 City Belmont State MA Zip Code 02478
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McLean Hospital Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 08 / 2015
Transaction ID : SA11AI.8297
 Amount of Each Receipt this Period 1000.00
 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 12 OF 32
	<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. Laura Hamrick
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 S.5th Street
 City Louisville State KY Zip Code 40202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Springstone, Inc. Occupation VP, Human Resources
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 350.00

Date of Receipt 06 / 24 / 2015
Transaction ID : SA11AI.8255
 Amount of Each Receipt this Period 350.00
 Donation

B. Laurence Harrod
 Full Name (Last, First, Middle Initial)
 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 Universal Health Services Occupation Regional VP
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 05 / 14 / 2015
Transaction ID : SA11AI.8106
 Amount of Each Receipt this Period 250.00
 Donation

C. William Hartigan
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Spear Road
 City Ramsey State NJ Zip Code 07446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Behavioral Management Occupation Executive
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 06 / 17 / 2015
Transaction ID : SA11AI.8214
 Amount of Each Receipt this Period 500.00
 Donation

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00
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: PAGE 14 OF 32
(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. Garry Hoyes

Mailing Address 7625 Hospital Drive

City State Zip Code
Dublin OH 43016

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

Name of Employer Occupation
Duplin Springs, LLC Hospital Administrator/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 24 / 2015
Transaction ID : SA11AI.8336

Amount of Each Receipt this Period
250.00

Contribution

Full Name (Last, First, Middle Initial)
B. Roslind S Hudson

Mailing Address 367 S. Gulph Road

City State Zip Code
King of Prussia PA 19406

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

Name of Employer Occupation
University Health Services Divisional VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
06 / 02 / 2015
Transaction ID : SA11AI.8157

Amount of Each Receipt this Period
1000.00

Donation

Full Name (Last, First, Middle Initial)
C. Karen Johnson

Mailing Address 5600 N. River Road

City State Zip Code
Rosemont IL 60018

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

Name of Employer Occupation
Universal Health Services SVP, Clinical Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
05 / 22 / 2015
Transaction ID : SA11AI.8129

Amount of Each Receipt this Period
350.00

Donation

SUBTOTAL of Receipts This Page (optional).....▶ 1600.00

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: PAGE 15 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Ms Bonnie Katz
 Mailing Address 6501 N. Charles Street
 City Baltimore State MD Zip Code 21204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sheppard Pratt Health System Occupation Hospital Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 01 / 2015
Transaction ID : SA11AI.8073
 Amount of Each Receipt this Period 250.00
 Donation

Full Name (Last, First, Middle Initial)
B. William Lawson
 Mailing Address 6070 Poplar Avenue Suite 750
 City Memphis State IN Zip Code 38119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Strategic Behavioral Health Occupation Hospital Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 603.00

Date of Receipt 06 / 24 / 2015
Transaction ID : SA11AI.8260
 Amount of Each Receipt this Period 603.00
 Donation

Full Name (Last, First, Middle Initial)
C. Michael Lyons
 Mailing Address 7777 North Wickham Road Suite 509
 City Melbourne State FL Zip Code 32940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Universal Health Services Inc Occupation VP Specialty Ed.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 08 / 2015
Transaction ID : SA11AI.8085
 Amount of Each Receipt this Period 250.00
 Donation

SUBTOTAL of Receipts This Page (optional)..... ▶ 1103.00
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 32
	<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. Andrew Mayo
 Full Name (Last, First, Middle Initial)
 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 UHS- North Star Behavioral Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 17 / 2015**
Transaction ID : SA11AI.8238
 Amount of Each Receipt this Period **250.00**
 Donation

B. Kathleen McCann
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 17th Street Suite 420
 City Washington State DC Zip Code 20006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAPHS Occupation Director of Quality & Regul Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **06 / 03 / 2015**
Transaction ID : SA11AI.8146
 Amount of Each Receipt this Period **400.00**
 Donation

C. Maria Merlie
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 17th Street, NW Suite 420
 City Washington State DC Zip Code 20006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAPHS Occupation DIRECTOR OF ADMIN & MEMBER SVCS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **05 / 13 / 2015**
Transaction ID : SA11AI.8109
 Amount of Each Receipt this Period **300.00**
 Donation

SUBTOTAL of Receipts This Page (optional).....	950.00
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 17 OF 32
	<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. Philip Moraci III
 Full Name (Last, First, Middle Initial)
 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 Universal Health Services Occupation Vice President Business Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **06 / 05 / 2015**
Transaction ID : SA11AI.8206
 Amount of Each Receipt this Period 250.00
 Donation

B. Jon O'Shaughnessy
 Full Name (Last, First, Middle Initial)
 Mailing Address 830 Crescent Centre Drive
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Acadia Healthcare Occupation Division President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 14 / 2015**
Transaction ID : SA11AI.8111
 Amount of Each Receipt this Period 250.00
 Donation

C. Michael Orians
 Full Name (Last, First, Middle Initial)
 Mailing Address 6571 Green Shadows
 City Memphis State TN Zip Code 38119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Strategic Behavioral Health Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.86

Date of Receipt **06 / 24 / 2015**
Transaction ID : SA11AI.8261
 Amount of Each Receipt this Period 200.86
 Donation

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.86
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 18 OF 32
	<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. Shawn Owens
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 South Fifth Street
 City Louisville State KY Zip Code 40202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Springstone, Inc. Occupation Nurse Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 18 / 2015**
Transaction ID : SA11AI.8247
 Amount of Each Receipt this Period **500.00**
 Donation

B. Donald Pennington
 Full Name (Last, First, Middle Initial)
 Mailing Address 830 Crescent Centre Drive Suite 610
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Acadia Healthcare Occupation Division CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 08 / 2015**
Transaction ID : SA11AI.8083
 Amount of Each Receipt this Period **250.00**
 Donation

C. Joseph Procopio
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 Farley Circle #301
 City Lewsburg State PA Zip Code 17837
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Acadia Healthcare Occupation Division President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 28 / 2015**
Transaction ID : SA11AI.8139
 Amount of Each Receipt this Period **250.00**
 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:	PAGE 19 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. W. Earl Reed III
Full Name (Last, First, Middle Initial)
Mailing Address 101 South Fifth Street
City Louisville State KY Zip Code 40202
FEC ID number of contributing federal political committee. **C**
Name of Employer Springstone, Inc. Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 24 / 2015
Transaction ID : SA11AI.8251
Amount of Each Receipt this Period 1000.00
Donation

B. R. John Repique
Full Name (Last, First, Middle Initial)
Mailing Address 4641 Roosevelt Blvd.
City Philadelphia State PA Zip Code 19124
FEC ID number of contributing federal political committee. **C**
Name of Employer Universal Health Services Occupation CEO- Friends Hospital
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 08 / 2015
Transaction ID : SA11AI.8092
Amount of Each Receipt this Period 300.00
Donation

C. Lisa Rocca
Full Name (Last, First, Middle Initial)
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 Universal Health Services Occupation CEO/ Managing Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 14 / 2015
Transaction ID : SA11AI.8114
Amount of Each Receipt this Period 250.00
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: PAGE 20 OF 32
(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)

A. Mr. Thomas Ryba
Full Name (Last, First, Middle Initial)
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 Lighthouse Care Center Conway Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 14 / 2015
Transaction ID : SA11AI.8099
Amount of Each Receipt this Period 250.00
Donation

B. Jean Scallion
Full Name (Last, First, Middle Initial)
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 University Health Services Occupation CEO- Bloomington Meadows Hospital
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 12 / 2015
Transaction ID : SA11AI.8102
Amount of Each Receipt this Period 250.00
Donation

C. Mr. Martin Schappell
Full Name (Last, First, Middle Initial)
Mailing Address 10501 Six Mile Cypress Parkway
City Ft. Myers State FL Zip Code 33966
FEC ID number of contributing federal political committee. **C**
Name of Employer Universal Health Services Occupation Hospital Management
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 08 / 2015
Transaction ID : SA11AI.8086
Amount of Each Receipt this Period 350.00
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 21 OF 32
	<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. James M. Schnuck
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 S. 5th St.
 City Louisville State KY Zip Code 40202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Springstone, Inc. Occupation EVP & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 09 / 2015
Transaction ID : SA11AI.8207
 Amount of Each Receipt this Period 1000.00
 Donation

B. James Shaheen
 Full Name (Last, First, Middle Initial)
 Mailing Address 9295 Ingleside Farm N
 City Germantown State TN Zip Code 38139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Strategic Behavioral Health Occupation Founder/President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 548.02

Date of Receipt 06 / 24 / 2015
Transaction ID : SA11AI.8259
 Amount of Each Receipt this Period 548.02
 Donation

C. Steven S Sharfstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 6501 North Charles Street
 City Baltimore State MD Zip Code 21204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sheppard Pratt Health System Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 22 / 2015
Transaction ID : SA11AI.8135
 Amount of Each Receipt this Period 250.00
 Donation

SUBTOTAL of Receipts This Page (optional).....▶	1798.02
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: PAGE 22 OF 32
(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)

A. Lisa Shea M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 345 Blackstone Blvd
City Providence State RI Zip Code 02906
FEC ID number of contributing federal political committee. **C**
Name of Employer Butler Hospital Occupation Pyschiatrist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 09 / 2015**
Transaction ID : SA11AI.8205
Amount of Each Receipt this Period **500.00**
Donation

B. Kim Soon
Full Name (Last, First, Middle Initial)
Mailing Address 4238 Green River Road
City Corona State CA Zip Code 92880
FEC ID number of contributing federal political committee. **C**
Name of Employer Signature Healthcare Services Occupation President/CEO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **06 / 17 / 2015**
Transaction ID : SA11AI.8212
Amount of Each Receipt this Period **1000.00**
Donation

C. Blair Stam
Full Name (Last, First, Middle Initial)
Mailing Address 4238 Green River Rd
City Corona State CA Zip Code 92880
FEC ID number of contributing federal political committee. **C**
Name of Employer Signature Healthcare Services Occupation Executive VP
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 28 / 2015**
Transaction ID : SA11AI.8143
Amount of Each Receipt this Period **1000.00**
Donation

SUBTOTAL of Receipts This Page (optional)..... **2500.00**
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 32
	<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. Carol Szpak
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 17th Street, NW
 Suite 420
 City Washington State DC Zip Code 20006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAPHS Occupation Director
 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 / 14 / 2015
Transaction ID : SA11AI.8110
 Amount of Each Receipt this Period
 500.00
 Donation

B. Daniel Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 S. 5th Street
 City Louisville State KY Zip Code 40202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Springstone Inc Occupation COO
 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
 06 / 24 / 2015
Transaction ID : SA11AI.8252
 Amount of Each Receipt this Period
 1000.00
 Donation

C. Mr John Willingham
 Full Name (Last, First, Middle Initial)
 Mailing Address 2700 E. Philips
 City Greer State SC Zip Code 26950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Carolina Center for BH Occupation 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
 05 / 08 / 2015
Transaction ID : SA11AI.8087
 Amount of Each Receipt this Period
 250.00
 Donation

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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: PAGE 24 OF 32
(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)

A. Mr. Richard Windle
Full Name (Last, First, Middle Initial)

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 Universal Health Svcs Occupation Director of IS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2015

Transaction ID : SA11AI.8128

Amount of Each Receipt this Period
 250.00

Donation

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	37035.33

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

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

FOR LINE NUMBER: PAGE 25 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
UNIVERSAL HEALTH SERVICES INC EMPLOYEES' GOOD GOVERNMENT FUND

Mailing Address 367 SOUTH GULPH ROAD

City State Zip Code
 KING OF PRUSSIA PA 19406

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2015

Transaction ID : SA11C.8298

Amount of Each Receipt this Period
 5000.00

Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

**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"/> 24	<input type="checkbox"/> 25	<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

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2015

Transaction ID : SB21B.8331

Amount of Each Disbursement this Period

205.55

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2015

Transaction ID : SB21B.8332

Amount of Each Disbursement this Period

130.77

Full Name (Last, First, Middle Initial)

C. Wells Fargo Bank

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2015

Transaction ID : SB21B.8333

Amount of Each Disbursement this Period

130.59

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

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

466.91

**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"/> 24	<input type="checkbox"/> 25	<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

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2015

Transaction ID : SB21B.8334

Amount of Each Disbursement this Period

130.62

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2015

Transaction ID : SB21B.8335

Amount of Each Disbursement this Period

271.61

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

402.23

869.14

**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"/> 24	<input type="checkbox"/> 25	<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. BILIRAKIS FOR CONGRESS

Mailing Address PO BOX 606

City TARPON SPRINGS State FL Zip Code 34688

Purpose of Disbursement Contribution

011

Candidate Name

GUS M BILIRAKIS

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: FL District: 12

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2015

Transaction ID : SB23.8300

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.

Mailing Address PO BOX 80126

City LAFAYETTE State LA Zip Code 70598

Purpose of Disbursement Contribution

011

Candidate Name

CHARLES DR. JR. BOUSTANY

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: LA District: 07

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2015

Transaction ID : SB23.8314

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. COME BACK POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement Contribution

012

Candidate Name

COME BACK POLITICAL ACTION COMMITTEE

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2015

Transaction ID : SB23.8305

Amount of Each Disbursement this Period

5000.00

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

8500.00

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"/> 24	<input type="checkbox"/> 25	<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. COMMITTEE FOR THE PRESERVATION OF CAPITALISM (CPC), THE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2015

Mailing Address P.O. Box 65314

Transaction ID : SB23.8311

City Washington State DC Zip Code 20036

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement Contribution

012

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Renee Ellmers

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		20		2015

Mailing Address 499 South Capitol St., SW Suite 420

Transaction ID : SB23.8299

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

RENEE JACISIN ELLMERS

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NC District: 02

Full Name (Last, First, Middle Initial)

C. Renee Ellmers

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2015

Mailing Address 499 South Capitol St., SW Suite 420

Transaction ID : SB23.8313

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

RENEE JACISIN ELLMERS

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NC District: 02

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

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

7000.00

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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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. HOYER'S MAJORITY FUND

Mailing Address 700 13TH STREET NW SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Contribution

012

Candidate Name

HOYER'S MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : SB23.8319

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. KURT SCHRADER FOR CONGRESS

Mailing Address PO BOX 3314

City OREGON CITY State OR Zip Code 97045

Purpose of Disbursement
Contribution

011

Candidate Name

KURT SCHRADER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2015

Transaction ID : SB23.8308

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MARSHA BLACKBURN FOR CONGRESS, INC.

Mailing Address PO BOX 3750

City BRENTWOOD State TN Zip Code 37024

Purpose of Disbursement
Contribution

011

Candidate Name

MARSHA MRS. BLACKBURN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2015

Transaction ID : SB23.8307

Amount of Each Disbursement this Period

1000.00

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

4500.00

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"/> 24	<input type="checkbox"/> 25	<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. MURPHY FOR CONGRESS

Mailing Address **GULA GRAHAM GROUP, 700 12TH ST, NW
SUITE 700**

City **WASHINGTON** State **DC** Zip Code **20005**

Purpose of Disbursement
Contribution

011

Candidate Name

TIM MURPHY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: **PA** District: **18**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2015

Transaction ID : SB23.8304

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. NAPOLITANO FOR CONGRESS

Mailing Address **555 CAPITOL MALL, SUITE 1425**

City **SACRAMENTO** State **CA** Zip Code **95814**

Purpose of Disbursement
Contribution

011

Candidate Name

GRACE NAPOLITANO

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: **CA** District: **38**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		19		2015

Transaction ID : SB23.8317

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. PAUL TONKO FOR CONGRESS

Mailing Address **911 Central Avenue
PO Box 221**

City **Albany** State **NY** Zip Code **12206**

Purpose of Disbursement
Contribution

011

Candidate Name

PAUL DAVID TONKO

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: **NY** District: **21**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2015

Transaction ID : SB23.8318

Amount of Each Disbursement this Period

2000.00

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

8500.00

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

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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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. SCOTT PETERS FOR CONGRESS

Mailing Address 412 First Street, SE, Suite 100

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name
Scott Peters

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2015

Transaction ID : SB23.8306

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. WHITEHOUSE FOR SENATE

Mailing Address P.O. BOX 40280

City PROVIDENCE State RI Zip Code 02940

Purpose of Disbursement
Contribution

011

Candidate Name
SHELDON II WHITEHOUSE

Category/
Type

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: RI District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 28 / 2015

Transaction ID : SB23.8303

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

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

3000.00

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

31500.00