

**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 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. 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)..... ▶