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FEC MAIL

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2004 OCT 28 A 9:03

Matt N. Thomson, Jr.
(615) 850-8538
matt.thomson@wallerlaw.com

October 27, 2004

VIA OVERNIGHT COURIER

Federal Election Commission
999 E Street, N.W.
Washington, DC 20463

Re: FEC Form 1—Psychiatric Solutions, Inc. Fed PAC

Ladies and Gentlemen:

Enclosed please find the FEC Form 1 Statement of Organization for Psychiatric Solutions, Inc. Fed PAC. This document is being submitted to you for filing and registration of Psychiatric Solutions, Inc. Fed PAC. Please contact me at (615) 850-8538 if you have any questions.

Sincerely,

Matt N. Thomson, Jr.

cc: Christopher L. Howard, Esq.

FEDERAL
ELECTION
OPERATIONS CENTER

2004 OCT 28 A 9 03

FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (or IND)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4MS

Psychiatric Solutions, Inc. Fed PAC

ADDRESS (number and street)

1040 Crescent Centre Drive

(Check if address
is changed)

Suite 450

Franklin

TN

37067

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 10 22 2004

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Brent Turner

Signature of Treasurer

DATE

10

22

2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 9457g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only					
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For further information contact:
Federal Election Commission
100 Free Street-424-9600
Local 202-684-1400

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

(d) This committee is a (National, State or subcommittee) committee of the (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Psychiatric Solutions, Inc. _____

Street Address: 840 Crescent Centre Drive _____
Suite 460 _____
Franklin _____ TX _____ 77067 _____
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship: Connected _____

Type of Connected Organization:

- Corporation
- Corporation w/ Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

Write or Type Committee Name

- 7 Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name Treasurer

Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number _____-_____-_____

- 8 Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Brent Turner

Mailing Address Psychiatric Solutions, Inc.
840 Crescent Centre Drive, Suite 460
Franklin TN 37067

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 615-312-5700

Full Name of Designated Agent Jack Polson

Mailing Address Psychiatric Solutions, Inc.
840 Crescent Centre Drive, Suite 460
Franklin TN 37067

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer Telephone number 665-1312-5700

3. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Tennessee Bank & Trust

Mailing Address

3000 Carothers Parkway

Franklin TN 37062

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i>	Shipping Date <i>10-27-04</i>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>ME</i> PREPARER	<i>10-28-04</i> DATE PREPARED