

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Psychiatric Solutions, Inc. Fed PAC

ADDRESS (number and street) 6640 Carothers Parkway  
Suite 500  
 Check if different than previously reported. (ACC)  
Franklin TN 37067

2. **FEC IDENTIFICATION NUMBER** C00407684  
**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 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
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 01 01 2007 through 06 30 2007

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 Brent Turner  
Signature of Treasurer Electronically Filed by Brent Turner Date 07 30 2007

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**

Write or Type Committee Name  
Psychiatric Solutions, Inc. Fed PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		56375.00
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	56375.00									
(c) Total Receipts (from Line 19) .....	87300.00	87300.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	143675.00	143675.00								
7. Total Disbursements (from Line 31) .....	29000.00	29000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	114675.00	114675.00								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	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**

Write or Type Committee Name  
Psychiatric Solutions, Inc. Fed PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	85800.00	85800.00
(i) Itemized (use Schedule A) .....	1500.00	1500.00
(ii) Unitemized .....	87300.00	87300.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	87300.00	87300.00
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.) .....	0.00	0.00
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 Transfer (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)) .....	87300.00	87300.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	87300.00	87300.00

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19000.00	19000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	10000.00	10000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	29000.00	29000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	29000.00	29000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	87300.00	87300.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	87300.00	87300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 43
	<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	

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)  
Psychiatric Solutions, Inc. Fed PAC

Full Name (Last, First, Middle Initial) <b>A. Stephanie Austin</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 11 / 2007	
Mailing Address 7351 Standifer Gap Road		<b>Transaction ID: SA11A1.4709</b>	
City State Zip Code Chattanooga TN 37421	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Psychiatric Solutions, Inc.	Occupation CEO - Cumberland Hall - Chattanooga		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Rick Bangert</b>		Date of Receipt M M / D D / Y Y Y Y Y 02 / 20 / 2007	
Mailing Address 370 W. River Trail Drive		<b>Transaction ID: SA11A1.4614</b>	
City State Zip Code Eagle ID 83616	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Psychiatric Solutions, Inc.	Occupation CEO - Intermountain		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Jack Barzilai</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 10 / 2007	
Mailing Address 1 Pierce Place Suite 100E		<b>Transaction ID: SA11A1.4707</b>	
City State Zip Code Itasca IL 60143	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Psychiatric Solutions, Inc.	Occupation Midwest Division - Div. CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 43
	<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)  
Psychiatric Solutions, Inc. Fed PAC

Full Name (Last, First, Middle Initial) <b>A. William Bay</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 7	
Mailing Address 19 Bolton Court		<b>Transaction ID: SA11A1.4618</b>	
City State Zip Code Danville CA 94506		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Psychiatric Solutions, Inc.		Occupation CFO - Fremont	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. David Beardsley</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 7	
Mailing Address 680 Bear Creek Court		<b>Transaction ID: SA11A1.4650</b>	
City State Zip Code Winter Springs FL 32708		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Psychiatric Solutions, Inc.		Occupation CEO - University Behavioral	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Jeff Bergren</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7	
Mailing Address 8 Polo Drive		<b>Transaction ID: SA11A1.4703</b>	
City State Zip Code S. Barrington IL 60010		Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Psychiatric Solutions, Inc.		Occupation President - Midwest Division	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 43
	<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)  
Psychiatric Solutions, Inc. Fed PAC

**A.** Full Name (Last, First, Middle Initial)  
Terry Bridges

Mailing Address 25 Pine Valley Place

City San Ramon State CA Zip Code 94583

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

Name of Employer Psychiatric Solutions, Inc.  
Occupation Western Division - Div. President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2007

Transaction ID: SA11A1.4649

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
Gay Brooks

Mailing Address 2650 N. Oak Lane

City West Point State VA Zip Code 23181

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

Name of Employer Psychiatric Solutions, Inc.  
Occupation CEO - Cumberland

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2007

Transaction ID: SA11A1.4664

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Beverly Brown

Mailing Address Route 3, Box 306Q

City Nevada State MO Zip Code 64772

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

Name of Employer Psychiatric Solutions, Inc.  
Occupation CFO - Heartland

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2007

Transaction ID: SA11A1.4679

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 43
	<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)  
Psychiatric Solutions, Inc. Fed PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ron Burns		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7	
Mailing Address PO Box 103		<b>Transaction ID:</b> SA11A1.4606	
City State Zip Code Marietta MS 38856		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Psychiatric Solutions, Inc.		Occupation VP of Operations - Sunstone	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mike Carney		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7	
Mailing Address 105 Muscadine Hill		<b>Transaction ID:</b> SA11A1.4696	
City State Zip Code Madison MS 39110		Amount of Each Receipt this Period 1200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Psychiatric Solutions, Inc.		Occupation CEO - Brentwood MS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00	

<b>C.</b> Full Name (Last, First, Middle Initial) MiRhee Chun		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 7	
Mailing Address 1901 Lenomar Court		<b>Transaction ID:</b> SA11A1.4647	
City State Zip Code Rochester Hills MI 48309		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Psychiatric Solutions, Inc.		Occupation CFO - Havenwyck	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1950.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 43
	<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)  
Psychiatric Solutions, Inc. Fed PAC

Full Name (Last, First, Middle Initial) <b>A.</b> John Coleman		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 7
Mailing Address 7005 Northridge Drive		Transaction ID: SA11A1.4706
City State Zip Code Nashville TN 37221	Amount of Each Receipt this Period 800.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Psychiatric Solutions, Inc.	Occupation Corporate - VP Clinical Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Tania Conde		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address San Joaquin #1831		Transaction ID: SA11A1.4702
City State Zip Code San Juan PR 00926	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Psychiatric Solutions, Inc.	Occupation Admin. - First Hospital Panamerica	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Philip Cook		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7
Mailing Address 2301 Aspen Grove Drive		Transaction ID: SA11A1.4599
City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Psychiatric Solutions, Inc.	Occupation Corporate - Div. President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 43
	<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)  
Psychiatric Solutions, Inc. Fed PAC

Full Name (Last, First, Middle Initial) <b>A. Joe Crabtree</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 7
Mailing Address 6105 Bascom Dr.		<b>Transaction ID: SA11A1.4646</b>
City State Zip Code Summerfield NC 27358	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Psychiatric Solutions, Inc.	Occupation Corporate - Div. President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Thomas Croffut</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 7
Mailing Address 400 Pond View Court		<b>Transaction ID: SA11A1.4589</b>
City State Zip Code Franklin TN 37064	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Psychiatric Solutions, Inc.	Occupation Corporate - Div. CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Robert D'Antonio</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 24432 Hunters Lane		<b>Transaction ID: SA11A1.4661</b>
City State Zip Code Deer Park IL 60010	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Psychiatric Solutions, Inc.	Occupation CFO - Riveredge	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Psychiatric Solutions, Inc. Fed PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Steve Davidson Mailing Address 3537 Crestridge Drive City State Zip Code Nashville TN 37204 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4635 Amount of Each Receipt this Period 3000.00
Name of Employer Psychiatric Solutions, Inc. Occupation Corporate - Chief Development Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Cindy Dill Mailing Address 206 Scurlock Court City State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4636 Amount of Each Receipt this Period 500.00
Name of Employer Psychiatric Solutions, Inc. Occupation Corporate - HR Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Richard England Mailing Address 411 Downey Meade Court City State Zip Code Franklin TN 37064 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4665 Amount of Each Receipt this Period 700.00
Name of Employer Psychiatric Solutions, Inc. Occupation Corporate - Div. CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 43
	<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)  
Psychiatric Solutions, Inc. Fed PAC

Full Name (Last, First, Middle Initial) <b>A. Ron Escarda</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 3310 203rd Place NE		<b>Transaction ID: SA11A1.4688</b>	
City State Zip Code Sammamish WA 98074	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Psychiatric Solutions, Inc.	Occupation CEO - Fairfax		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Lisa Evans</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 304 Summerfields Drive		<b>Transaction ID: SA11A1.4687</b>	
City State Zip Code Bryant AZ 72022-3283	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Psychiatric Solutions, Inc.	Occupation CEO - Pinnacle Pointe		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Ron Fincher</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 9129 Brentmeade Blvd.		<b>Transaction ID: SA11A1.4682</b>	
City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Psychiatric Solutions, Inc.	Occupation Corporate - Div. President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 43
	<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)  
Psychiatric Solutions, Inc. Fed PAC

Full Name (Last, First, Middle Initial) <b>A. James Gallagher</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7	
Mailing Address 6 Westminster Drive		<b>Transaction ID: SA11A1.4622</b>	
City State Zip Code Annandale NJ 08801		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Psychiatric Solutions, Inc.		Occupation CEO - Summit Oaks	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. John Godfrey</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 7	
Mailing Address PO Box 6538		<b>Transaction ID: SA11A1.4648</b>	
City State Zip Code Incline Village NV 89450-6538		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Psychiatric Solutions, Inc.		Occupation CFO - West Hills/Willow Springs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dewey Greene</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7	
Mailing Address 9484 Ashford Place		<b>Transaction ID: SA11A1.4662</b>	
City State Zip Code Brentwood TN 37027		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Psychiatric Solutions, Inc.		Occupation President - Sunstone	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 43
	<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)  
Psychiatric Solutions, Inc. Fed PAC

Full Name (Last, First, Middle Initial) <b>A. Dan Haile</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 1234 Carl Seyfert Memorial Drive		<b>Transaction ID: SA11A1.4685</b>
City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Psychiatric Solutions, Inc.	Occupation Corporate - Div. CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Michael Ham</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 525 W. Arch		<b>Transaction ID: SA11A1.4694</b>
City State Zip Code Nevada MO 64772	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Psychiatric Solutions, Inc.	Occupation CEO - Heartland	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Andy Hanner</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 26 / 2007
Mailing Address 510 Harden Street		<b>Transaction ID: SA11A1.4653</b>
City State Zip Code Columbia SC 29205-2231	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Psychiatric Solutions, Inc.	Occupation Corporate - Div. President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 43
	<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)  
Psychiatric Solutions, Inc. Fed PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Pam Hendrickson		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 7
Mailing Address 7313 Damsel Lane		<b>Transaction ID:</b> SA11A1.4638
City State Zip Code Fairview TN 37062	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Psychiatric Solutions, Inc.	Occupation Corporate - Div. CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Andy Hotaling		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 7
Mailing Address 3609 Oak Field Ct.		<b>Transaction ID:</b> SA11A1.4642
City State Zip Code High Point NC 27265	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Psychiatric Solutions, Inc.	Occupation SE Division - Div. CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Chris Howard		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address 5545 S. Stanford Drive		<b>Transaction ID:</b> SA11A1.4657
City State Zip Code Nashville TN 37215	Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Psychiatric Solutions, Inc.	Occupation Corporate - EVP - General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 43
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Psychiatric Solutions, Inc. Fed PAC

**A.** Full Name (Last, First, Middle Initial)  
Michelle Jackson

Mailing Address 1301 Frances Avenue

City Fullerton State CA Zip Code 92831-1808

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

Name of Employer Psychiatric Solutions, Inc.  
Occupation CFO - Alhambra

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 15 / 2007

Transaction ID: SA11A1.4686

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Robert Jackson

Mailing Address 8305 Ole Cobblestone Road

City Meridian State MS Zip Code 39305

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

Name of Employer Psychiatric Solutions, Inc.  
Occupation CFO - Alliance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 24 / 2007

Transaction ID: SA11A1.4644

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Joey Jacobs

Mailing Address 9229 Hunterboro Drive

City Brentwood State TN Zip Code 37027

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

Name of Employer Psychiatric Solutions, Inc.  
Occupation Corporate - Chairman, Pres. & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 07 / 2007

Transaction ID: SA11A1.4590

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 43
	<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)  
Psychiatric Solutions, Inc. Fed PAC

Full Name (Last, First, Middle Initial) <b>A. Scott Kardenetz</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007	
Mailing Address 1232 Temple Ridge Drive		<b>Transaction ID: SA11A1.4680</b>	
City Nashville	State TN	Amount of Each Receipt this Period 1500.00	
Zip Code 37221			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Psychiatric Solutions, Inc.	Occupation Corporate - Div. President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) <b>B. Robert A. Kercorian</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 19 / 2007	
Mailing Address 4962 Rivers Edge Dr.		<b>Transaction ID: SA11A1.4616</b>	
City Troy	State MI	Amount of Each Receipt this Period 1000.00	
Zip Code 48095			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Psychiatric Solutions, Inc.	Occupation CEO - Havenwyck		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Anne Knapp</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 19 / 2007	
Mailing Address 695 Carmen Plaza		<b>Transaction ID: SA11A1.4610</b>	
City Greenwood	State IN	Amount of Each Receipt this Period 500.00	
Zip Code 46143			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Psychiatric Solutions, Inc.	Occupation CFO - Valle Vista		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 43
	<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)  
Psychiatric Solutions, Inc. Fed PAC

Full Name (Last, First, Middle Initial) <b>A. Max Lauderdale</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address 101 Gillespie Drive Bldg. 10 #2055		<b>Transaction ID: SA11A1.4603</b>
City Franklin State TN Zip Code 37067	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Psychiatric Solutions, Inc.	Occupation Corporate - Div CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Mike Lyons</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 510 Pauma Valley Ct.		<b>Transaction ID: SA11A1.4587</b>
City Melbourne State FL Zip Code 32940	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Psychiatric Solutions, Inc.	Occupation CEO - Behavioral Educational Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Debbie Lyro</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address 1025 St. Georges Way		<b>Transaction ID: SA11A1.4678</b>
City Franklin State TN Zip Code 37067	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Psychiatric Solutions, Inc.	Occupation Corporate - Div. CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 43
	<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)  
Psychiatric Solutions, Inc. Fed PAC

Full Name (Last, First, Middle Initial) <b>A. Francisco Mariatequi</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 7	
Mailing Address 15553 S.W. 115th Street		<b>Transaction ID: SA11A1.4645</b>	
City State Zip Code Miami FL 33196-6308	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Psychiatric Solutions, Inc.	Occupation CEO - Bayamon/PRATS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Randy Marshall</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 7	
Mailing Address 207 Broadwell Circle		<b>Transaction ID: SA11A1.4643</b>	
City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Psychiatric Solutions, Inc.	Occupation Corporate - Assistant Controller		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Karen Maxwell</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 7	
Mailing Address 18 Kelly Drive		<b>Transaction ID: SA11A1.4659</b>	
City State Zip Code Wheeling WV 26003	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Psychiatric Solutions, Inc.	Occupation CEO - Fox Run		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 43
	<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)  
Psychiatric Solutions, Inc. Fed PAC

**A.** Full Name (Last, First, Middle Initial)  
Stephen McCabe

Mailing Address 716 Whippoorwill Dr.

City Hoover State AL Zip Code 35244

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

Name of Employer Psychiatric Solutions, Inc.  
Occupation CEO - Hillcrest

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 7

Transaction ID: SA11A1.4704

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mike McCullough

Mailing Address 5699 Gadwall Drive

City Frisco State TX Zip Code 75034

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

Name of Employer Psychiatric Solutions, Inc.  
Occupation Corporate - Divisional CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 7

Transaction ID: SA11A1.4660

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Peggy Minnick

Mailing Address 718 E. California Blvd.

City Pasadena State CA Zip Code 91106

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

Name of Employer Psychiatric Solutions, Inc.  
Occupation CEO - Alhambra/Canyon Ridge

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 0 / 2 0 0 7

Transaction ID: SA11A1.4607

Amount of Each Receipt this Period  
750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 43
	<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	

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)  
Psychiatric Solutions, Inc. Fed PAC

**A.** Full Name (Last, First, Middle Initial)  
Lee Mitchell

Mailing Address 278 Pinnacle Pkwy

City State Zip Code  
New Braunfels TX 78132

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

Name of Employer  
Psychiatric Solutions, Inc.

Occupation  
CFO - San Marcos

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2007

Transaction ID: SA11A1.4684

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
William Patterson

Mailing Address 7580 Venus Heights Circle

City State Zip Code  
Meridian MS 39305

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

Name of Employer  
Psychiatric Solutions, Inc.

Occupation  
CEO - Alliance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 26 / 2007

Transaction ID: SA11A1.4640

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
John K. Penrod

Mailing Address 6009 E. 77th St

City State Zip Code  
Tulsa OK 74136

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

Name of Employer  
Psychiatric Solutions, Inc.

Occupation  
Facility CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 26 / 2007

Transaction ID: SA11A1.4654

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 43
	<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)  
Psychiatric Solutions, Inc. Fed PAC

**A.** Full Name (Last, First, Middle Initial)  
George Perry

Mailing Address 4310 Creekside Blvd.  
#2

City Vienna State OH Zip Code 44473

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

Name of Employer Psychiatric Solutions, Inc.  
Occupation CEO - Belmont Pines

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2007

Transaction ID: SA11A1.4613

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
Jose Luis Pi-Martinez

Mailing Address Urb. Caribe calle Alda #1549

City San Juan State PR Zip Code 00926-2709

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

Name of Employer Psychiatric Solutions, Inc.  
Occupation COO - FHCHS of Puerto Rico

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2007

Transaction ID: SA11A1.4655

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Larry Pieretti

Mailing Address 921 Aqua Lane

City Fort Myers State FL Zip Code 33919

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

Name of Employer Psychiatric Solutions, Inc.  
Occupation Corporate - Div. President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2007

Transaction ID: SA11A1.4683

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 43
	<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

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)  
Psychiatric Solutions, Inc. Fed PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Jack Polson		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address 1421 Trace Ridge Lane		Transaction ID: SA11A1.4605
City State Zip Code Nashville TN 37221	Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Psychiatric Solutions, Inc.	Occupation Corporate - EVP, CAO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Karen Poole		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address 904 Yearling Way		Transaction ID: SA11A1.4698
City State Zip Code Nashville TN 37221	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Psychiatric Solutions, Inc.	Occupation Corporate - Div. President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Steve Quigley		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 7
Mailing Address 3N933 Walt Whitman Road		Transaction ID: SA11A1.4651
City State Zip Code St. Charles IL 60175	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Psychiatric Solutions, Inc.	Occupation CEO - Riveredge	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Psychiatric Solutions, Inc. Fed PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Paul Reed		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 7
Mailing Address 2486 Ingleside Drive Apt. C		<b>Transaction ID:</b> SA11A1.4639
City State Zip Code Macon GA 31204	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Psychiatric Solutions, In-c.	Occupation CEO - Macon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Diane Reidy		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7
Mailing Address 9731 Blue Cruis Way		<b>Transaction ID:</b> SA11A1.4620
City State Zip Code Sprint TX 77379	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Psychiatric Solutions, In-c.	Occupation CEO - Cypress Creek	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Pamela Rhoads		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address 11727 59th Avenue SE #5		<b>Transaction ID:</b> SA11A1.4691
City State Zip Code Snohomish WA 98296	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Psychiatric Solutions, In-c.	Occupation CFO - Fairfax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 43
	<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)  
Psychiatric Solutions, Inc. Fed PAC

Full Name (Last, First, Middle Initial) <b>A. Jeffrey Rice</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 10561 Eagles Fall Way		<b>Transaction ID: SA11A1.4697</b>	
City State Zip Code Reno NV 89521	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Psychiatric Solutions, Inc.	Occupation CEO - West Hills		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Bill Rutherford</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007	
Mailing Address 9427 Weatherly Drive		<b>Transaction ID: SA11A1.4681</b>	
City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 3000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Psychiatric Solutions, Inc.	Occupation Corporate - COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00		

Full Name (Last, First, Middle Initial) <b>C. Tom Ryba</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 02 / 2007	
Mailing Address 3732 Sparrow Pond Lane		<b>Transaction ID: SA11A1.4588</b>	
City State Zip Code Raleigh NC 29606	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Psychiatric Solutions, Inc.	Occupation CEO - Holly Hill		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 43
	<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)  
Psychiatric Solutions, Inc. Fed PAC

**A.** Full Name (Last, First, Middle Initial)  
Catherine A. Schmidt

Mailing Address 12704 Trail Drive

City Austin State TX Zip Code 78737

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

Name of Employer Psychiatric Solutions, Inc.  
Occupation CEO - San Marcos Treatment Center

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 05 / 2007

Transaction ID: SA11A1.4591

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Joseph Schmidt

Mailing Address 66704 Scenic Valley Drive

City St. Clairsville State OH Zip Code 43950

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

Name of Employer Psychiatric Solutions, Inc.  
Occupation CFO - Fox Run

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2007

Transaction ID: SA11A1.4619

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mark Schor

Mailing Address 272 Pennington-Titusville Road

City Pennington State NJ Zip Code 08534

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

Name of Employer Psychiatric Solutions, Inc.  
Occupation CEO - Brooke Glenn

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 26 / 2007

Transaction ID: SA11A1.4652

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 43
	<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)  
Psychiatric Solutions, Inc. Fed PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Steve Shell		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 7	
Mailing Address 1040 Seminole Drive #1162		<b>Transaction ID:</b> SA11A1.4615	
City State Zip Code Ft. Lauderdale FL 33304	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Psychiatric Solutions, Inc.	Occupation CEO - Atlantic Shores		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Robin Stough		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7	
Mailing Address 1203 Highview Drive		<b>Transaction ID:</b> SA11A1.4658	
City State Zip Code Wadsworth OH 44281	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Psychiatric Solutions, Inc.	Occupation CFO - Belmont Pines		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Patrick Swoopes		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7	
Mailing Address 1523 Littlewoods Drive		<b>Transaction ID:</b> SA11A1.4701	
City State Zip Code Starkville MS 39759	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Psychiatric Solutions, Inc.	Occupation CEO - Diamond Grove		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 43
	<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)  
Psychiatric Solutions, Inc. Fed PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Brian Tapman Mailing Address 943 Thousand Oak Drive City Virginia Beach State VA Zip Code 23454 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4609 Amount of Each Receipt this Period 500.00
Name of Employer: Psychiatric Solutions, Inc. Occupation: CFO - VA Beach Psychiatric Center Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) David Tropauer Mailing Address 241 Poteat Place City Franklin State TN Zip Code 37064 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4634 Amount of Each Receipt this Period 1000.00
Name of Employer: Psychiatric Solutions, Inc. Occupation: Corporate - Operations Controller Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Brent Turner Mailing Address 5325 Lysander Lane City Brentwood State TN Zip Code 37027 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4693 Amount of Each Receipt this Period 2000.00
Name of Employer: Psychiatric Solutions, Inc. Occupation: Corporate - EVP, Finance and Admin. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 43
	<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)  
Psychiatric Solutions, Inc. Fed PAC

**A.** Full Name (Last, First, Middle Initial)  
Rob Turner

Mailing Address 1603 Selkirk Drive

City Dothan State AL Zip Code 36303

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

Name of Employer Psychiatric Solutions, Inc.  
Occupation CEO - Laurel Oaks

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 11 / 2007

Transaction ID: SA11A1.4705

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Denise Webb

Mailing Address 1105 Tanager Trail Suite 500

City Virginia Beach State VA Zip Code 23451

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

Name of Employer Psychiatric Solutions, Inc.  
Occupation CEO - VA Beach Psychiatric Center

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 19 / 2007

Transaction ID: SA11A1.4608

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Jeremy White

Mailing Address 1403 Leeds Drive

City Franklin State TN Zip Code 37067

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

Name of Employer Psychiatric Solutions, Inc.  
Occupation Corporate - IT Audit Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2007

Transaction ID: SA11A1.4612

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 43
	<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)  
Psychiatric Solutions, Inc. Fed PAC

Full Name (Last, First, Middle Initial) <b>A. Steve Wilson</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 8204 Victory Trail		<b>Transaction ID: SA11A1.4656</b>	
City <b>Brentwood</b>	State TN	Zip Code 37027	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Psychiatric Solutions, Inc.	Occupation Corporate - Controller		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Sarah Wiltgen</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7	
Mailing Address 405 Tidal Court		<b>Transaction ID: SA11A1.4602</b>	
City <b>Swansboro</b>	State NC	Zip Code 28584	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Psychiatric Solutions, Inc.	Occupation CEO - Brynn Marr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Ben Winberry</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 7	
Mailing Address 422 Bob White Road		<b>Transaction ID: SA11A1.4601</b>	
City <b>Macon</b>	State GA	Zip Code 31216	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Psychiatric Solutions, Inc.	Occupation CFO - Macon Behavioral Health		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 43
	(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)  
Psychiatric Solutions, Inc. Fed PAC

**A.** Full Name (Last, First, Middle Initial)  
Sharon S. Worsham

Mailing Address R.R. 2  
PO Box 4660

City State Zip Code  
Sperry OK 74073

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

Name of Employer  
Psychiatric Solutions, Inc.

Occupation  
CEO - Shadow Mountain

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2007

**Transaction ID:** SA11A1.4695

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Robert Zagerman

Mailing Address 517 East Allens Lane

City State Zip Code  
Philadelphia PA 19119-1106

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

Name of Employer  
Psychiatric Solutions, Inc.

Occupation  
CFO - Brooke Glenn

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2007

**Transaction ID:** SA11A1.4663

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	85800.00



# 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)

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<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)  
Psychiatric Solutions, Inc. Fed PAC

Full Name (Last, First, Middle Initial) <b>A. ALEXANDER FOR SENATE 2008 INC</b>		<b>Transaction ID: SB23.4716</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address 228 S WASHINGTON STREET SUITE 115		Amount of Each Disbursement this Period 5000.00
City ALEXANDRIA State VA Zip Code 22314		
Purpose of Disbursement Lamar Alexander event contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN District: 00		

Full Name (Last, First, Middle Initial) <b>B. BOB CORKER FOR SENATE</b>		<b>Transaction ID: SB23.4755</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 832 GEORGIA AVENUE STE 221		Amount of Each Disbursement this Period 2000.00
City CHATTANOOGA State TN Zip Code 37402		
Purpose of Disbursement Reception for Bob Corker 2/19/07		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN District: 00		

Full Name (Last, First, Middle Initial) <b>C. CANTOR FOR CONGRESS</b>		<b>Transaction ID: SB23.4715</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 7
Mailing Address P. O. Box 17813		Amount of Each Disbursement this Period 1000.00
City Richmond State VA Zip Code 23226		
Purpose of Disbursement Table of 10 at breakfast held on 3/2/07		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 07		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> 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)

PAGE 34 / 43

<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)  
Psychiatric Solutions, Inc. Fed PAC

Full Name (Last, First, Middle Initial) <b>A. CONGRESSMAN BART GORDON COMMITTEE</b>		<b>Transaction ID:</b> SB23.4721 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 7
Mailing Address P.O. Box 2008		Amount of Each Disbursement this Period 2500.00
City Murfreesboro State TN Zip Code 37133	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF MAX BAUCUS</b>		<b>Transaction ID:</b> SB23.4742 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address PO BOX 586		Amount of Each Disbursement this Period 2500.00
City HELENA State MT Zip Code 59624	Category/ Type	
Purpose of Disbursement Senator Max Baucus (D-MT) event		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. GRASSLEY COMMITTEE INC</b>		<b>Transaction ID:</b> SB23.4741 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address PO BOX 1000		Amount of Each Disbursement this Period 1000.00
City DES MOINES State IA Zip Code 50304	Category/ Type	
Purpose of Disbursement Senator Chuck Grassley event		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> 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)

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<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)  
Psychiatric Solutions, Inc. Fed PAC

Full Name (Last, First, Middle Initial) <b>A. NAPHS PAC</b>		<b>Transaction ID: SB23.4740</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7	
Mailing Address 701 13th Street NW Suite 950		Amount of Each Disbursement this Period 5000.00	
City Washington State DC Zip Code 20005	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	19000.00

# 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)

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<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Psychiatric Solutions, Inc. Fed PAC

Full Name (Last, First, Middle Initial) <b>A. Alan Nunnelee Campaign Fund</b>		<b>Transaction ID: SB29.4744</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address 400 High Street Room 456-RB		Amount of Each Disbursement this Period 500.00
City Jackson State MS Zip Code 39201	Category/ Type	
Purpose of Disbursement Senator Alan Nunnelee - MS		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Billy McCoy Campaign Fund</b>		<b>Transaction ID: SB29.4762</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address Room 306 - NC		Amount of Each Disbursement this Period 500.00
City Jackson State MS Zip Code 38865	Category/ Type	
Purpose of Disbursement Speaker Billy McCoy - MS		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Bob Dearing Campaign Fund</b>		<b>Transaction ID: SB29.4752</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address Room 215-B - NC P.O. box 1018		Amount of Each Disbursement this Period 250.00
City Jackson State MS Zip Code 39215	Category/ Type	
Purpose of Disbursement Senator Bob Dearing - MS		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> 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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Psychiatric Solutions, Inc. Fed PAC

Full Name (Last, First, Middle Initial) <b>A. Charles Young Campaign Fund</b>		<b>Transaction ID: SB29.4778</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address Room 205A - NC P.O. Box 1018		Amount of Each Disbursement this Period 250.00
City Jackson State MS Zip Code 39215	Purpose of Disbursement Rep. Charles Young - MS Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Charlie Ross Campaign Fund</b>		<b>Transaction ID: SB29.4760</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address Room 409A - NC P.O. Box 1018		Amount of Each Disbursement this Period 250.00
City Jackson State MS Zip Code 39215	Purpose of Disbursement Senator Charlie Ross-MS - Rankin County Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Cox for State Representative</b>		<b>Transaction ID: SB29.4736</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 2300 N. Lincoln Blvd. Room 334		Amount of Each Disbursement this Period 500.00
City Oklahoma City State OK Zip Code 73105	Purpose of Disbursement Oklahoma Representative Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> 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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Psychiatric Solutions, Inc. Fed PAC

Full Name (Last, First, Middle Initial) <b>A. Dirk Dedeaux Campaign Fund</b>		<b>Transaction ID: SB29.4766</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address Room 102 - NC P.O. Box 1018		Amount of Each Disbursement this Period 250.00
City Jackson State MS Zip Code 39215	Category/ Type	
Purpose of Disbursement Rep. Dirk Dedeaux - MS		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of Charlie Laster 2006</b>		<b>Transaction ID: SB29.4727</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 2300 N. Lincoln Blvd. Rm. 424A		Amount of Each Disbursement this Period 1000.00
City Oklahoma City State OK Zip Code 73105	Category/ Type	
Purpose of Disbursement Oklahoma Representative		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of Susan Paddack 2008</b>		<b>Transaction ID: SB29.4734</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address State Capital		Amount of Each Disbursement this Period 500.00
City Oklahoma City State OK Zip Code 73105	Category/ Type	
Purpose of Disbursement Oklahoma Representative		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> 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)

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<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Psychiatric Solutions, Inc. Fed PAC

Full Name (Last, First, Middle Initial) <b>A. Gale Gregory Campaign Fund</b>		<b>Transaction ID: SB29.4776</b> Date of Disbursement 06 / 06 / 2007
Mailing Address P.O. Box 1018		Amount of Each Disbursement this Period 250.00
City Jackson State MS Zip Code 39215	Purpose of Disbursement Rep. Gale Gregory - MS Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. George Flaggs Campaign Fund</b>		<b>Transaction ID: SB29.4768</b> Date of Disbursement 06 / 06 / 2007
Mailing Address 400 High Street Room 205C - NC		Amount of Each Disbursement this Period 250.00
City Jackson State MS Zip Code 39215	Purpose of Disbursement Rep. George Flaggs - MS Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Haley Barbour Campaign Fund</b>		<b>Transaction ID: SB29.4780</b> Date of Disbursement 06 / 06 / 2007
Mailing Address P.O. Box 139		Amount of Each Disbursement this Period 250.00
City Jackson State MS Zip Code 39205	Purpose of Disbursement Governor Haley Barbour - MS Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	750.00
<b>TOTAL</b> 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)

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<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Psychiatric Solutions, Inc. Fed PAC

<b>A. Jack Gordon Campaign Fund</b> Full Name (Last, First, Middle Initial) Jack Gordon Campaign Fund		<b>Transaction ID:</b> SB29.4746 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address Room 214-D - NC P.O. Box 1018		<b>Amount of Each Disbursement this Period</b> 250.00
City Jackson State MS Zip Code 39215	Purpose of Disbursement Senator Jack Gordon - MS Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>B. Jim Hood Campaign Fund</b> Full Name (Last, First, Middle Initial) Jim Hood Campaign Fund		<b>Transaction ID:</b> SB29.4782 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address P.O. Box 220		<b>Amount of Each Disbursement this Period</b> 250.00
City Jackson State MS Zip Code 39201	Purpose of Disbursement Attorney General Jim Hood - MS Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>C. Johnny Stringer Campaign Fund</b> Full Name (Last, First, Middle Initial) Johnny Stringer Campaign Fund		<b>Transaction ID:</b> SB29.4770 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address Room 201C - NC P.O. Box 1018		<b>Amount of Each Disbursement this Period</b> 250.00
City Jackson State MS Zip Code 39215	Purpose of Disbursement Rep. Johnny Stringer - MS Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	750.00
<b>TOTAL</b> 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)

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<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Psychiatric Solutions, Inc. Fed PAC

Full Name (Last, First, Middle Initial) <b>A. Kris Steele for State Representative</b>		<b>Transaction ID: SB29.4732</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 2300 N. Lincoln Blvd. Room 438		Amount of Each Disbursement this Period 1000.00
City Oklahoma City State OK Zip Code 73105		
Purpose of Disbursement Oklahoma Representative Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Nolan Mettetal Campaign Fund</b>		<b>Transaction ID: SB29.4748</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address Room 117A - NC P.O. Box 1018		Amount of Each Disbursement this Period 250.00
City Jackson State MS Zip Code 39215		
Purpose of Disbursement Senator Nolan Mettetal - MS Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Percy Watson Campaign Fund</b>		<b>Transaction ID: SB29.4772</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address Room 201F - NC P.O. Box 1018		Amount of Each Disbursement this Period 250.00
City Jackson State MS Zip Code 39215		
Purpose of Disbursement Rep. Percy Watson - MS Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> 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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
Psychiatric Solutions, Inc. Fed PAC

Full Name (Last, First, Middle Initial) <b>A. Ray Rogers Campaign Fund</b>		<b>Transaction ID: SB29.4774</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address Room 100A - NC P.O. Box 1018		Amount of Each Disbursement this Period 250.00
City Jackson State MS Zip Code 39215		
Purpose of Disbursement Rep. Ray Rogers - MS	Category/ Type	
Candidate Name Republican Jim Hoops for State Senate		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Setzler for Senate</b>		<b>Transaction ID: SB29.4724</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 7
Mailing Address 510 Gressette Bldg. PO Box 6036		Amount of Each Disbursement this Period 1000.00
City Columbia State SC Zip Code 29171		
Purpose of Disbursement Event honoring Sen. Nikki Setzler	Category/ Type	
Candidate Name Setzler for Senate		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Steve Holland Campaign Fund</b>		<b>Transaction ID: SB29.4764</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address 400 High Street Room 203-A - NC		Amount of Each Disbursement this Period 1000.00
City Jackson State MS Zip Code 39215		
Purpose of Disbursement Rep. Steve Holland - MS	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> 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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Psychiatric Solutions, Inc. Fed PAC

Full Name (Last, First, Middle Initial) <b>A. Terry Burton Campaign Fund</b>		<b>Transaction ID: SB29.4759</b> Date of Disbursement 06 / 06 / 2007
Mailing Address 400 High Street Room 212C-NC		Amount of Each Disbursement this Period 500.00
City Jackson State MS Zip Code 39201	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Tommy Robertson Campaign Fund</b>		<b>Transaction ID: SB29.4750</b> Date of Disbursement 06 / 06 / 2007
Mailing Address Room 215-C - NC P.O. Box 1018		Amount of Each Disbursement this Period 250.00
City Jackson State MS Zip Code 39215	Category/ Type	
Purpose of Disbursement Senator Tommy Robertson - MS		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

750.00

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

10000.00