

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 ACADIA HEALTHCARE COMPANY INC. FEDPAC

ADDRESS (number and street) 6100 Tower Circle Road Suite 1000 Franklin TN 37067 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00496919 3. IS THIS REPORT NEW (N) OR AMENDED (A) x

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2018 through 09 30 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Turner, Brent, , , Type or Print Name of Treasurer

Signature of Treasurer Turner, Brent, , , [Electronically Filed] Date 12 06 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2018"/> | | 163713.10 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 144116.10 | |
| (c) Total Receipts (from Line 19) | 72871.80 | 131174.80 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 216987.90 | 294887.90 |
| 7. Total Disbursements (from Line 31)..... | 47500.00 | 125400.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 169487.90 | 169487.90 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY 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

ACADIA HEALTHCARE COMPANY INC. FEDPAC

Report Covering the Period: From: / / To: / /

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|---------------------------------------|---|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 67444.23 | 125347.23 |
| (ii) Unitemized | 5427.57 | 5827.57 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 72871.80 | 131174.80 |
| (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) | 72871.80 | 131174.80 |
| 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 Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | 72871.80 | 131174.80 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 72871.80 | 131174.80 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 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..... | 25500.00 | 98400.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations)..... | 22000.00 | 27000.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 47500.00 | 125400.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 47500.00 | 125400.00 |

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 72871.80 | 131174.80 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 72871.80 | 131174.80 |
| 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) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 6 OF 48 |
| <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 |

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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. Alfatoon, Felicia, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 W 9th Street Suite 505
 City Wilmington State DE Zip Code 19801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Facility CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 412.58

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5733
 Amount of Each Receipt this Period 412.58
 Memo Item
 Payroll deductions of \$38.47 on 7/13 and 7/27 and \$83.91 on 8/10, 8/24, 9/7, and 9/21

B. Anderson Jr., William, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1652 Blue Heron Ct.
 City Lawrenceville State GA Zip Code 40043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 412.58

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5740
 Amount of Each Receipt this Period 412.58
 Memo Item
 Payroll deductions of \$38.47 on 7/13 and 7/27 and \$83.91 on 8/10, 8/24, 9/7, and 9/21

C. Appert, Richard, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 609 Sitting Mill Court
 City Nashville State TN Zip Code 37211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) VP of Admissions
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 222.22

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5741
 Amount of Each Receipt this Period 222.22
 Memo Item
 Payroll deductions of \$111.11 on 9/7 and 9/21

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1047.38 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 7 OF 48 |
| <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. Applegate, Lester, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 Saint Johns St
 City Arden State NC Zip Code 28704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Facility CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.09

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5743
 Amount of Each Receipt this Period 291.09
 Memo Item
 Payroll deductions of \$28.85 on 7/27 and \$65.56 on 8/10, 8/24, 9/7, and 9/21

B. Arnich, Christopher, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14145 SE Sieben Parkway
 City Clackamas State OR Zip Code 97015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 01 / 2018
Transaction ID : SA11AI.5690
 Amount of Each Receipt this Period 1500.00
 Memo Item
 Contribution

C. Avant, Julie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6776 Poppleton Road
 City Canton State MI Zip Code 48187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 388.10

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5746
 Amount of Each Receipt this Period 388.10
 Memo Item
 Payroll deductions of \$38.46 on 7/27 and \$87.41 on 8/10, 8/24, 9/7, and 9/21

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2179.19 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 8 OF 48 |
| <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. Beagan, Ryan, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1107 Lillian St.
 City Nashville State TN Zip Code 37206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) VP of Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.09

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5749
 Amount of Each Receipt this Period 291.09
 Memo Item
 Payroll deductions of \$28.85 on 7/27 and \$65.56 on 8/10, 8/24, 9/7, and 9/21

B. Borengasser, Connie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1307 E. Wimbledon Place
 City Fayetteville State AR Zip Code 72703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 272.72

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5755
 Amount of Each Receipt this Period 272.72
 Memo Item
 Payroll deductions of \$68.18 on 8/10, 8/24, 9/7, and 9/21

C. Bowker, Geoffrey, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9359 Ansley Lane
 City Brentwood State TN Zip Code 37027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Facility CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 206.32

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5756
 Amount of Each Receipt this Period 206.32
 Memo Item
 Payroll deductions of \$19.24 on 7/13 and 7/27 and \$41.96 on 8/10, 8/24, 9/7, and 9/21

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 770.13 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 9 OF 48 |
| <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. Brady, Kimberly, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2304 Lucerne Lane
 City Franklin State TN Zip Code 37064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) VP of Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 388.10

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5758
 Amount of Each Receipt this Period 388.10
 Memo Item
 Payroll deductions of \$38.46 on 7/27 and \$87.41 on 8/10, 8/24, 9/7, and 9/21

B. Brooks, Charles, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1330 Meadows Drive
 City Hammond State WI Zip Code 54015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia/Burkwood Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 09 / 2018
Transaction ID : SA11AI.5691
 Amount of Each Receipt this Period 500.00
 Memo Item
 Contribution

C. Brown, Ansley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3001 Nine Bark Lane
 City Franklin State TN Zip Code 37069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Facility Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 412.58

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5760
 Amount of Each Receipt this Period 412.58
 Memo Item
 Payroll deductions of \$38.47 on 7/13 and 7/27 and \$83.91 on 8/10, 8/24, 9/7, and 9/21

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1300.68 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 48 |
| | <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. Bryan, Andrew, C., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1017 Pinnacle Court

| | | |
|------------------|-------------|-------------------|
| City McDonald | State PA | Zip Code 15057 |
|------------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Acadia Healthcare | Occupation (for Individual) VP of Marketing and Business Develop |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 22 | | 2018 |

Transaction ID : SA11AI.5697

Amount of Each Receipt this Period
1500.00

Memo Item Contribution

B. Burroughs, James, R., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 121 Princess Circle

| | | |
|------------------|-------------|-------------------|
| City Franklin | State TN | Zip Code 37064 |
|------------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Acadia Healthcare | Occupation (for Individual) Division President |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1031.48

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2018 |

Transaction ID : SA11AI.5762

Amount of Each Receipt this Period
1031.48

Memo Item
Payroll deductions of \$96.16 on 7/13 and 7/27 and \$209.79 on 8/10, 8/24, 9/7, and 9/21

C. Byrd, Wanda, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 72 Walt Byrd Road

| | | |
|----------------|-------------|-------------------|
| City Laurel | State MS | Zip Code 39443 |
|----------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Acadia Healthcare | Occupation (for Individual) Facility CFO |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
206.32

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2018 |

Transaction ID : SA11AI.5763

Amount of Each Receipt this Period
206.32

Memo Item
Payroll deductions of \$19.24 on 7/13 and 7/27 and \$41.96 on 8/10, 8/24, 9/7, and 9/21

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2737.80 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 11 OF 48 |
| <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. Camposano-Wallace, Jennifer, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5647 Via de La Plata Cir
 City Delray Beach State FL Zip Code 33484
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Facility CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 388.10

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5765
 Amount of Each Receipt this Period 388.10
 Memo Item
 Payroll deductions of \$38.46 on 7/27 and \$87.41 on 8/10, 8/24, 9/7, and 9/21

B. Catalina, Adrienne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2864 N Purple Phlox Lane
 City Fayetteville State AR Zip Code 72704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Facility CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 412.58

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5767
 Amount of Each Receipt this Period 412.58
 Memo Item
 Payroll deductions of \$38.47 on 7/13 and 7/27 and \$83.91 on 8/10, 8/24, 9/7, and 9/21

C. Chennault, Nathan, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1407 Mockingbird Drive
 City White Hall State AR Zip Code 71602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Facility CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5769
 Amount of Each Receipt this Period 300.00
 Memo Item
 Payroll deductions of \$100.00 on 8/24, 9/7, and 9/21

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1100.68 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 48 |
| | <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. Cianci Chapman, Sergio, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5208 Apollo Dr NW
 City Albuquerque State NM Zip Code 87120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Facility CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5771
 Amount of Each Receipt this Period 300.00
 Memo Item
 Payroll deductions of \$100.00 on 8/24, 9/7, and 9/21

B. Clark, Richard, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1611 Cooper Creek Lane
 City Franklin State TN Zip Code 37064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Occupation (for Individual) Division President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.34

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5773
 Amount of Each Receipt this Period 1650.34
 Memo Item
 Payroll deductions of \$153.85 on 7/13 and 7/27 and \$335.66 on 8/10, 8/24, 9/7, and 9/21

C. Crawford, Charles, Wes, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1204 Rue Renoir
 City Mandeville State LA Zip Code 70471
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 412.58

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5776
 Amount of Each Receipt this Period 412.58
 Memo Item
 Payroll deductions of \$38.47 on 7/13 and 7/27 and \$83.91 on 8/10, 8/24, 9/7, and 9/21

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2362.92 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 48 |
| | <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. Crump, Kenneth, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6147 Saddlehorse Drive
 City Flowery Branch State GA Zip Code 30542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 09 / 2018
Transaction ID : SA11AI.5699
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

B. Davis, Matthew, N., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 White Plains Ave
 City Londonderry State NH Zip Code 03053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Regional VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 618.88

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5777
 Amount of Each Receipt this Period 618.88
 Memo Item Payroll deductions of \$55.70 on 7/13 and 7/27 and \$125.87 on 8/10, 8/24, 9/7, and 9/21

C. Davis, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2077
 City Carlsbad State CA Zip Code 92018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Division CFO- CTC
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 582.17

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5779
 Amount of Each Receipt this Period 582.17
 Memo Item Payroll deductions of \$57.69 on 7/27 and \$41.96 on 8/10, 8/24, 9/7, and 9/21

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1701.05 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 48 |
| | <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. Dillon, Amy, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1630 Morgan Walk
 City Canton State GA Zip Code 30115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Ridge Mountain Recovery Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 206.32

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5781
 Amount of Each Receipt this Period 206.32
 Memo Item
 Payroll deductions of \$19.24 on 7/13 and 7/27 and \$41.96 on 8/10, 8/24, 9/7 and 9/21

B. Drake, Michael, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Gillespie Drive #4305
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1031.48

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5782
 Amount of Each Receipt this Period 1031.48
 Memo Item
 Payroll deductions of \$96.16 on 7/13 and 7/27 and \$209.79 on 8/10, 8/24, 9/7, and 9/21

C. Duke, Sarah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4649 Indian Spring Circle
 City Riverton State UT Zip Code 84096
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 206.32

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5784
 Amount of Each Receipt this Period 206.32
 Memo Item
 Payroll deductions of \$19.24 on 7/13 and 7/27 and \$41.96 on 8/10, 8/24, 9/7, and 9/21

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1444.12 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 48 |
| | <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 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. Duncan, Nathan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5720 S. Southwood Road

| | | |
|---------------------|-------------|-------------------|
| City Springfield | State MO | Zip Code 65804 |
|---------------------|-------------|-------------------|

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

| | |
|--|------------------------------------|
| Name of Employer (for Individual) Acadia Healthcare | Occupation (for Individual) CEO |
|--|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.09

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2018 |

Transaction ID : SA11AI.5785

Amount of Each Receipt this Period
291.09

Memo Item
Payroll deductions of \$28.85 on 7/27 and \$83.91 on 8/10, 8/24, 9/7, and 9/21

B. El-Yousef, Hassan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1170 River Forest Road

| | | |
|-------------------|-------------|-------------------|
| City Pittsboro | State NC | Zip Code 27312 |
|-------------------|-------------|-------------------|

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

| | |
|---|------------------------------------|
| Name of Employer (for Individual) Carolina House | Occupation (for Individual) CEO |
|---|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
412.58

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2018 |

Transaction ID : SA11AI.5786

Amount of Each Receipt this Period
412.58

Memo Item
Payroll deductions of \$38.47 on 7/13 and 7/27 and \$83.91 on 8/10, 8/24, 9/7, and 9/21

C. Faldetta, Jr., John, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1848 Ivy Crest Drive

| | | |
|-------------------|-------------|-------------------|
| City Brentwood | State TN | Zip Code 37027 |
|-------------------|-------------|-------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Acadia Mngement Company, LLC | Occupation (for Individual) Deputy General Counsel |
|---|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 21 | | 2018 |

Transaction ID : SA11AI.5700

Amount of Each Receipt this Period
250.00

Memo Item
Contribution

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 953.67 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 48 |
| | <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. Ferguson, Michael, A., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1011 Honey Bush Circle

| | | |
|------------------|-------------|-------------------|
| City Franklin | State TN | Zip Code 37064 |
|------------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Acadia Healthcare | Occupation (for Individual) Division CFO |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1031.48

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 30 | | 2018 |

Transaction ID : SA11AI.5788

Amount of Each Receipt this Period
1031.48

Memo Item
Payroll deductions of \$96.16 on 7/13 and 7/27 and \$209.79 on 8/10, 8/24, 9/7, and 9/21

B. Fincher, Ron, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4535 James Jenkins Road

| | | |
|------------------|-------------|-------------------|
| City Columbia | State TN | Zip Code 38401 |
|------------------|-------------|-------------------|

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

| | |
|---|------------------------------------|
| Name of Employer (for Individual) Acadia | Occupation (for Individual) COO |
|---|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1940.55

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 30 | | 2018 |

Transaction ID : SA11AI.5789

Amount of Each Receipt this Period
1940.55

Memo Item
Payroll deductions of \$192.31 on 7/27 and \$437.06 on 8/10, 8/24, 9/7, and 9/21

C. Fitch, Eric, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8378 Kayla Rose Circle

| | | |
|------------------|-------------|-------------------|
| City Ooltewah | State TN | Zip Code 37363 |
|------------------|-------------|-------------------|

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

| | |
|--|------------------------------------|
| Name of Employer (for Individual) Acadia Healthcare | Occupation (for Individual) CFO |
|--|------------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
206.32

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 30 | | 2018 |

Transaction ID : SA11AI.5790

Amount of Each Receipt this Period
206.32

Memo Item
Payroll deductions of \$19.24 on 7/13 and 7/27 and \$41.96 on 8/10, 8/24, 9/7, and 9/21

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3178.35 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 48 |
| | <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. Flagg, Allen, B., , Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5606 Golden Leaf Avenue

| | | |
|-------------------|-------------|-------------------|
| City Las Vegas | State NV | Zip Code 89122 |
|-------------------|-------------|-------------------|

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

| | |
|---|------------------------------------|
| Name of Employer (for Individual) Harmony Healthcare | Occupation (for Individual) CEO |
|---|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
412.58

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2018 |

Transaction ID : SA11AI.5791

Amount of Each Receipt this Period
412.58

Memo Item
Payroll deductions of \$38.47 on 7/13 and 7/27 and \$83.91 on 8/10, 8/24, 9/7, and 9/21

B. Fliss, Alisa, M., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3304 Sherwood Boulevard

| | | |
|----------------------|-------------|-------------------|
| City Delray Beach | State FL | Zip Code 33445 |
|----------------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Acadia Healthcare | Occupation (for Individual) Director of Business Development |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 18 | | 2018 |

Transaction ID : SA11AI.5702

Amount of Each Receipt this Period
500.00

Memo Item
Contribution

C. Foss, Brian, M., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 45 Adelard Ave

| | | |
|------------------|-------------|-------------------|
| City Tiverton | State RI | Zip Code 02878 |
|------------------|-------------|-------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Acadia Healthcare | Occupation (for Individual) Regional Director |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
332.16

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2018 |

Transaction ID : SA11AI.5792

Amount of Each Receipt this Period
332.16

Memo Item
Payroll deductions of \$192.31 on 7/20 and \$27.97 on 8/3, 8/17, 8/31, 9/14, and 9/28

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1244.74 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 18 OF 48 |
| <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. Frangipane, Laura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51 Kristin Dr
 City Derry State NH Zip Code 03038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5794
 Amount of Each Receipt this Period 239.52
 Memo Item
 Payroll deductions of \$19.23 on 7/20, \$45.45 on 8/3, and \$43.71 on 8/17, 8/31, 9/14, and 9/28

B. Gitzen, William, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 217 Walnut Drive
 City Eighty Four State PA Zip Code 15330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Inc. Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 618.88

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5796
 Amount of Each Receipt this Period 618.88
 Memo Item
 Payroll deductions of \$57.70 on 7/13 and 7/27 and \$125.87 on 8/10, 8/24, 9/7, and 9/21

C. Glines, Grant, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1909 S. Linclon
 City Spokane State WA Zip Code 99201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Occupation (for Individual) CFO - Greenleaf
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 333.34

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5798
 Amount of Each Receipt this Period 333.34
 Memo Item
 Payroll deductions of \$166.67 on 9/7 and 9/21

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1191.74 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 19 OF 48 |
| <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. Guy, David, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2632 Clayburne Drive
 City Jonesboro State AR Zip Code 72401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ascent Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 09 / 2018
Transaction ID : SA11AI.5703
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

B. Hamilton, Patricia, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 Dove Creek
 City Columbia State SC Zip Code 29229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rebound Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 24 / 2018
Transaction ID : SA11AI.5704
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

C. Hanner, Robert, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2028 Wheat Street
 City Columbia State SC Zip Code 29205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Chief Strategy Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 970.27

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5801
 Amount of Each Receipt this Period 970.27
 Memo Item
 Payroll deductions of \$96.15 on 7/27 and \$218.53 on 8/10, 8/24, 9/7, and 9/21

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1970.27 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 48 |
| | <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. Holland, Phillip, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2023 Bayou Drive
 City Navarre State FL Zip Code 32566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Facility CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **07 / 09 / 2018**
Transaction ID : SA11AI.5707
 Amount of Each Receipt this Period 400.00
 Memo Item Contribution

B. Hood II, William, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4512 East Drive
 City Belden State MS Zip Code 38826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Facility CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 388.10

Date of Receipt **09 / 30 / 2018**
Transaction ID : SA11AI.5808
 Amount of Each Receipt this Period 388.10
 Memo Item Payroll deductions of \$38.46 on 7/27 and \$87.41 on 8/10, 8/24, 9/7, and 9/21

C. Hoscheid, Jeremy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1911 Ogden St.
 City Anaconda State MT Zip Code 59711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Facility CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 412.58

Date of Receipt **09 / 30 / 2018**
Transaction ID : SA11AI.5810
 Amount of Each Receipt this Period 412.58
 Memo Item Payroll deductions of \$38.47 on 7/13 and 7/27 and \$83.91 on 8/10, 8/24, 9/7, and 9/21

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1200.68 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 48 |
| | <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. Howard, Chris, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1010 Foxwood Drive

| | | |
|-------------------|-------------|-------------------|
| City Nashville | State TN | Zip Code 37215 |
|-------------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Acadia Healthcare | Occupation (for Individual) EVP, General Counsel & Secretary |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2062.94

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2018 |

Transaction ID : SA11AI.5813

Amount of Each Receipt this Period
2062.94

Memo Item
Payroll deductions of \$192.31 on 7/13 and 7/27 and \$419.58 on 8/10, 8/24, 9/7, and 9/21

B. Hrdlicka, Stephanie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 301 Sanctuary Lane

| | | |
|-------------------|-------------|-------------------|
| City Lafayette | State LA | Zip Code 70503 |
|-------------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Acadia Healthcare | Occupation (for Individual) Facility CEO |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
412.58

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2018 |

Transaction ID : SA11AI.5814

Amount of Each Receipt this Period
412.58

Memo Item
Payroll deductions of \$38.47 on 7/13 and 7/27 and \$83.91 on 8/10, 8/24, 9/7, and 9/21

C. Ignacio, Anh, N., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3501 Spring Willow Place

| | | |
|-----------------|-------------|-------------------|
| City Raleigh | State NC | Zip Code 27615 |
|-----------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Acadia Healthcare | Occupation (for Individual) Division CEO |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
412.58

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2018 |

Transaction ID : SA11AI.5819

Amount of Each Receipt this Period
412.58

Memo Item
Payroll deductions of \$38.47 on 7/13 and 7/27 and \$83.91 on 8/10, 8/24, 9/7, and 9/21

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2888.10 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 48 |
| | <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. James, Sherrie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3636 Stoneledge Drive Apt. 1411

| | | |
|-------------------|-------------|-------------------|
| City Texarkana | State TX | Zip Code 75503 |
|-------------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Acadia Healthcare | Occupation (for Individual) Facility CEO |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
388.10

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2018 |

Transaction ID : SA11AI.5823

Amount of Each Receipt this Period
388.10

Memo Item
Payroll deductions of \$38.46 on 7/27 and \$87.41 on 8/10, 8/24, 9/7, and 9/21

B. Jeter, Lesli, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6405 Arno Rd

| | | |
|-----------------------|-------------|-------------------|
| City College Grove | State TN | Zip Code 37046 |
|-----------------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Acadia Healthcare | Occupation (for Individual) Division CFO |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
388.10

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2018 |

Transaction ID : SA11AI.5825

Amount of Each Receipt this Period
388.10

Memo Item
Payroll deductions of \$38.46 on 7/27 and \$87.41 on 8/10, 8/24, 9/7, and 9/21

C. Kaegi, Bryan, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4307 Esteswood Drive

| | | |
|-------------------|-------------|-------------------|
| City Nashville | State TN | Zip Code 37215 |
|-------------------|-------------|-------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Acadia | Occupation (for Individual) SR VP of GR |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1818.20

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2018 |

Transaction ID : SA11AI.5828

Amount of Each Receipt this Period
1818.20

Memo Item
Payroll deductions of \$454.55 on 8/10, 8/24, 9/7, and 9/21

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2594.40 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 23 OF 48 |
| <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. Kelly, Anne, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1341 Clearwater Lake Road
 City Chapel Hill State NC Zip Code 27517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) VP of Compliance and Chief Safety Offi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 388.10

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5829
 Amount of Each Receipt this Period 388.10
 Memo Item
 Payroll deductions of \$38.46 on 7/27 and \$87.41 on 8/10, 8/24, 9/7, and 9/21

B. Kerner, Eliot, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2736 Greenside PI
 City Nashville State TN Zip Code 37206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Chief Compliance Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 07 / 05 / 2018
Transaction ID : SA11AI.5708
 Amount of Each Receipt this Period 2500.00
 Memo Item
 Contribution

C. Langley, Jason, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Lincoln Lane
 City Smyrna State TN Zip Code 37167
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Occupation (for Individual) Division CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 08 / 2018
Transaction ID : SA11AI.5712
 Amount of Each Receipt this Period 1500.00
 Memo Item
 Contribution

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 4388.10 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 24 OF 48 |
| <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. Lasker, Brandon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 311 Shoreline Dr
 City Gulf Breeze State FL Zip Code 32561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Facility CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 412.58

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5834
 Amount of Each Receipt this Period 412.58
 Memo Item
 Payroll deductions of \$38.47 on 7/13 and 7/27 and \$83.91 on 8/10, 8/24, 9/7, and 9/21

B. Laut, William, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6325 Minlo Drive
 City Indianapolis State IN Zip Code 46227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 206.32

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5836
 Amount of Each Receipt this Period 206.32
 Memo Item
 Payroll deductions of \$19.24 on 7/13 and 7/27 and \$41.96 on 8/10, 8/24, 9/7, and 9/21

C. Lechleitner, Brett, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 934 Meadowood Circle
 City Lebanon State PA Zip Code 17042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 309.46

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5837
 Amount of Each Receipt this Period 309.46
 Memo Item
 Payroll deductions of \$28.85 on 7/13 and 7/27 and \$62.94 on 8/10, 8/24, 9/7, and 9/21

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 928.36 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 25 OF 48 |
| <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. Lincoln, Jessica, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4848 N Goldwater Blvd Apt 1090
 City Scottsdale State AZ Zip Code 85251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oasis Behavioral Health Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.09

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5841
 Amount of Each Receipt this Period 291.09
 Memo Item
 Payroll deductions of \$28.85 on 7/27 and \$65.56 on 8/10, 8/24, 9/7, and 9/21

B. Lohrding, Brian, N., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9439 Highwood Hill Rd
 City Brentwood State TN Zip Code 37027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Hospital CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 618.88

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5845
 Amount of Each Receipt this Period 618.88
 Memo Item
 Payroll deductions of \$57.70 on 7/13 and 7/27 and \$125.87 on 8/10, 8/24, 9/7, and 9/21

C. Lyon, Nicol, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 James Day Drive
 City Cumberland State MD Zip Code 21502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5846
 Amount of Each Receipt this Period 239.52
 Memo Item
 Payroll deductions of \$19.23 on 7/20, \$45.45 on 8/3, and \$43.71 on 8/17, 8/31, 9/14, and 9/28

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1149.49 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 26 OF 48 |
| <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. Marsh, Robert, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3016 Winding Shore Lane

| | | |
|----------------------|-------------|-------------------|
| City Pflugerville | State TX | Zip Code 78660 |
|----------------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Acadia Healthcare | Occupation (for Individual) Hospital CEO |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
970.27

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2018 |

Transaction ID : SA11AI.5849

Amount of Each Receipt this Period
970.27

Memo Item
Payroll deductions of \$96.15 on 7/27 and \$218.53 on 8/10, 8/24, 9/7, and 9/21

B. Mason, William, G., , Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 418 Homeville Road

| | | |
|----------------------|-------------|------------------------|
| City Cochranville | State PA | Zip Code 19330-1708 |
|----------------------|-------------|------------------------|

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

| | |
|---|------------------------------------|
| Name of Employer (for Individual) Acadia Healthcar (Meadow Wood) | Occupation (for Individual) CEO |
|---|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
970.27

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2018 |

Transaction ID : SA11AI.5850

Amount of Each Receipt this Period
970.27

Memo Item
Payroll deductions of \$96.15 on 7/27 and \$218.53 on 8/10, 8/24, 9/7, and 9/21

C. Mays, Ronald, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 796 Fairmont Drive

| | | |
|---------------|-------------|-------------------|
| City Tyler | State TX | Zip Code 75701 |
|---------------|-------------|-------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Acadia Healthcare | Occupation (for Individual) Interim CEO |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
388.10

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2018 |

Transaction ID : SA11AI.5851

Amount of Each Receipt this Period
388.10

Memo Item
Payroll deductions of \$38.46 on 7/27 and \$87.41 on 8/10, 8/24, 9/7, and 9/21

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2328.64 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 48 |
| | <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. McCabe, Erin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6321 N Lovely St
 City Portland State OR Zip Code 97203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5852
 Amount of Each Receipt this Period 239.52
 Memo Item
 Payroll deductions of \$19.23 on 7/20, \$45.45 on 8/3, and \$43.71 on 8/17, 8/31, 9/14, and 9/28

B. McClure, Ronald, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 Creekwood Court
 City Brentwood State TN Zip Code 37027-7837
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Occupation (for Individual) CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5854
 Amount of Each Receipt this Period 300.00
 Memo Item
 Payroll deductions of \$100.00 on 8/24, 9/7, and 9/21

C. McCoy, John, Clay, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1035 Ruscello Drive
 City Maryville State TN Zip Code 37801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia - Village BH Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 412.58

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5856
 Amount of Each Receipt this Period 412.58
 Memo Item
 Payroll deductions of \$38.47 on 7/13 and 7/27 and \$83.91 on 8/10, 8/24, 9/7, and 9/21

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 952.10 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 OF 48 |
| | <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. McKenna, Kelly, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 171 Sweet Briar Rd
 City Pocono Pines State PA Zip Code 18350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Facility CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 388.10

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5857
 Amount of Each Receipt this Period 388.10
 Memo Item
 Payroll deductions of \$38.46 on 7/27 and \$87.41 on 8/10, 8/24, 9/7, and 9/21

B. Miyamoto, Hideomi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3076 Myrtle Dale Road
 City Calistoga State CA Zip Code 94515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Facility CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 17 / 2018
Transaction ID : SA11AI.5716
 Amount of Each Receipt this Period 500.00
 Memo Item
 Contribution

C. Moehling, Kelly, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1225 NE Webster St
 City Portland State OR Zip Code 97211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 239.53

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5860
 Amount of Each Receipt this Period 239.53
 Memo Item
 Payroll deductions of \$19.24 on 7/20, \$45.45 on 8/3, and \$43.71 on 8/17, 8/31, 9/14, and 9/28

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1127.63 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 29 OF 48 |
| <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. Mohr, Luke, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14668 Swoveland Rd
 City Hagerstown State IN Zip Code 47346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5862
 Amount of Each Receipt this Period 239.52
 Memo Item
 Payroll deductions of \$19.23 on 7/20, \$45.45 on 8/3, and \$43.71 on 8/17, 8/31, 9/14, and 9/28

B. Mokdessi, Margot, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Alton Street
 City Arlington State MA Zip Code 02474-5217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare, Inc. Occupation (for Individual) Project CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 06 / 2018
Transaction ID : SA11AI.5717
 Amount of Each Receipt this Period 300.00
 Memo Item
 Contribution

C. Moore III, William, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 Creighton Ave
 City Nashville State TN Zip Code 37206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Dir of Government Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5868
 Amount of Each Receipt this Period 300.00
 Memo Item
 Payroll deductions of \$100.00 on 8/24, 9/7, and 9/21

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 839.52 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 OF 48 |
| | <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. Morgan, Nicole, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1431 Cutter Avenue
 City St. Louis State MO Zip Code 63139-3605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McCallum Place Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.09

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5870
 Amount of Each Receipt this Period 291.09
 Memo Item
 Payroll deductions of \$28.85 on 7/27 and \$65.56 on 8/10, 8/24, 9/7, and 9/21

B. Morris, Brett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 440 Savannah Ridge
 City Murfreesboro State TN Zip Code 37127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Director of Internal Audit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 17 / 2018
Transaction ID : SA11AI.5718
 Amount of Each Receipt this Period 500.00
 Memo Item
 Contribution

C. Morton, Randy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 126 North Star
 City Bandera State TX Zip Code 78003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Starlite Recovery Center Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 206.32

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5871
 Amount of Each Receipt this Period 206.32
 Memo Item
 Payroll deductions of \$19.24 on 7/13 and 7/27 and \$41.96 on 8/10, 8/24, 9/7, and 9/21

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 997.41 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 OF 48 |
| | <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. Moseley, Amanda, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1058 Sweeney Trail
 City Halifax State VA Zip Code 24558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southstone Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 08 / 2018
Transaction ID : SA11AI.5719
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

B. Murphy, Helene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Cole Drive
 City Hopkinton State MA Zip Code 01748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) CRC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5872
 Amount of Each Receipt this Period 239.52
 Memo Item Payroll deductions of \$19.23 on 7/20, \$45.45 on 8/3, and \$43.71 on 8/17, 8/31, 9/14, and 9/28

C. Myers, Charles, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3818 Sunscape Drive Apt 418
 City Roanoke State VA Zip Code 24018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Finance Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 206.32

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5943
 Amount of Each Receipt this Period 206.32
 Memo Item Payroll deductions of \$19.24 on 7/13 and 7/27 and \$41.96 on 8/10, 8/24, 9/7, and 9/21

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1445.84 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 OF 48 |
| | <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. Nikolic, Srbojlob, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 323 Seven Springs Way
Apt. 426

City Brentwood State TN Zip Code 37027

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

Name of Employer (for Individual) Acadia Occupation (for Individual) Division CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
545.44

Date of Receipt
 09 / 30 / 2018
Transaction ID : SA11AI.5876

Amount of Each Receipt this Period
545.44

Memo Item
 Payroll deductions of \$136.36 on 8/10, 8/24, 9/7, and 9/21

B. O'Neal, Madison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 Helen Drive 306

City Newark State DE Zip Code 19702

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

Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Facility CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
206.32

Date of Receipt
 09 / 30 / 2018
Transaction ID : SA11AI.5880

Amount of Each Receipt this Period
206.32

Memo Item
 Payroll deductions of \$19.24 on 7/13 and 7/27 and \$41.96 on 8/10, 8/24, 9/7, and 9/21

C. Ohlinger, Edward, V., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18205 Kenwarn Lane

City Abingdon State VA Zip Code 24210

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

Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Regional Director

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
227.25

Date of Receipt
 09 / 30 / 2018
Transaction ID : SA11AI.5877

Amount of Each Receipt this Period
227.25

Memo Item
 Payroll deductions of \$45.45 on 8/3, 8/17, 8/31, 9/14, and 9/28

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 979.01 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 33 OF 48 |
| <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. Pennington, Donnie, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Woodland Street #304
 City Nashville State TN Zip Code 37206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Division CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 618.88

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5883
 Amount of Each Receipt this Period 618.88
 Memo Item
 Payroll deductions of \$57.70 on 7/13 and 7/27 and \$125.87 on 8/10, 8/24, 9/7, and 9/21

B. Peterson, Sean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1334 The Alameda #287
 City San Jose State CA Zip Code 95126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Facility CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 412.58

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5885
 Amount of Each Receipt this Period 412.58
 Memo Item
 Payroll deductions of \$38.47 on 7/13 and 7/27 and \$83.91 on 8/10, 8/24, 9/7, and 9/21

C. Pitts, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 Antler Drive
 City Wilmington State NC Zip Code 28409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 309.46

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5888
 Amount of Each Receipt this Period 309.46
 Memo Item
 Payroll deductions of \$28.85 on 7/13 and 7/27 and \$62.94 on 8/10, 8/24, 9/7, and 9/21

| | |
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| SUBTOTAL of Receipts This Page (optional)..... | 1340.92 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 OF 48 |
| | <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. Porter, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7612 Don Gaspar Dr. NE
 City Albuquerque State NM Zip Code 87109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Red River Hospital Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 206.32

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5890
 Amount of Each Receipt this Period 206.32
 Memo Item
 Payroll deductions of \$19.24 on 7/13 and 7/27 and \$41.96 on 8/10, 8/24, 9/7, and 9/21

B. Quarante, Dino, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9161 E. Cortez Street
 City Scottsdale State AZ Zip Code 85260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia - CTC Division Occupation (for Individual) Division CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5891
 Amount of Each Receipt this Period 450.00
 Memo Item
 Payroll deductions of \$150.00 on 8/24, 9/7, and 9/21

C. Quinney-Packard, Trina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 512 East Rocky Knoll Lane
 City Draper State UT Zip Code 84020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Youth Care Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 563.81

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5892
 Amount of Each Receipt this Period 563.81
 Memo Item
 Payroll deductions of \$28.85 on 7/27 and \$133.74 on 8/10, 8/24, 9/7, and 9/21

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1220.13 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 OF 48 |
| | <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Register, Stephen, A., ,

Mailing Address 4106 Northlake Drive

| | | |
|------------------|-------------|-------------------|
| City Valdosta | State GA | Zip Code 31602 |
|------------------|-------------|-------------------|

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

| | |
|--|------------------------------------|
| Name of Employer (for Individual) Greenleaf | Occupation (for Individual) CEO |
|--|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
363.64

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2018 |

Transaction ID : SA11AI.5893

Amount of Each Receipt this Period
363.64

Memo Item
Payroll deductions of \$90.91 on 8/10, 8/24, 9/7, and 9/21

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Rehak, Isabel, , ,

Mailing Address 986 NE 50th Ave.

| | | |
|---------------|-------------|-------------------|
| City Ocala | State FL | Zip Code 34470 |
|---------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Acadia Healthcare | Occupation (for Individual) Facility CEO |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
388.10

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2018 |

Transaction ID : SA11AI.5894

Amount of Each Receipt this Period
388.10

Memo Item
Payroll deductions of \$38.46 on 7/27 and \$87.41 on 8/10, 8/24, 9/7, and 9/21

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Richmond, Joseph, M., ,

Mailing Address 810 Ashlawn Place

| | | |
|-------------------|-------------|-------------------|
| City Nashville | State TN | Zip Code 37211 |
|-------------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Acadia Healthcare | Occupation (for Individual) Division CFO |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
618.88

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2018 |

Transaction ID : SA11AI.5898

Amount of Each Receipt this Period
618.88

Memo Item
Payroll deductions of \$57.70 on 7/13 and 7/27 and \$125.87 on 8/10, 8/24, 9/7, and 9/21

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1370.62 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 OF 48 |
| | <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. Rothenbuhler, Candice, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7435 N. Old SR 67
 City Martinsville State IN Zip Code 46151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Occupation (for Individual) RVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **07 / 18 / 2018**
Transaction ID : SA11AI.5721
 Amount of Each Receipt this Period 1500.00
 Memo Item Contribution

B. Rupert, Christopher, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5449 N College Ave
 City Indianapolis State IN Zip Code 46220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Facility CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 412.58

Date of Receipt **09 / 30 / 2018**
Transaction ID : SA11AI.5903
 Amount of Each Receipt this Period 412.58
 Memo Item Payroll deductions of \$38.47 on 7/13 and 7/27 and \$83.91 on 8/10, 8/24, 9/7, and 9/21

C. Savage, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55208 Corbin Drive
 City Macomb State MI Zip Code 48042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stonecrest Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **09 / 30 / 2018**
Transaction ID : SA11AI.5905
 Amount of Each Receipt this Period 300.00
 Memo Item Payroll deductions of \$100.00 on 8/24, 9/7, and 9/21

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2212.58 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 37 OF 48 |
| <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. Schor, Mark, N., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 235 Plantation Drive
 City Lehighton State PA Zip Code 18235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Occupation (for Individual) CEO Belmont
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1031.48

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5906
 Amount of Each Receipt this Period 1031.48
 Memo Item
 Payroll deductions of \$96.16 on 7/13 and 7/27 and \$209.79 on 8/10, 8/24, 9/7, and 9/21

B. Singleton, Doris, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1085 Turnberry Dr.
 City Conway State AR Zip Code 72034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Piney Ridge Treatment Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 412.58

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5908
 Amount of Each Receipt this Period 412.58
 Memo Item
 Payroll deductions of \$38.47 on 7/13 and 7/27 and \$83.91 on 8/10, 8/24, 9/7, and 9/21

C. Starling, John, I., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9313 Coxboro Drive
 City Brentwood State TN Zip Code 37027-8752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) VP-Tax
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 14 / 2018
Transaction ID : SA11AI.5723
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Contribution

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2444.06 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 38 OF 48 |
| <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. Stept, Margaret, Fonvielle, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 Belle Meade Boulevard
 City Flowood State MS Zip Code 39232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Millcreek Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 412.58

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5911
 Amount of Each Receipt this Period 412.58
 Memo Item
 Payroll deductions of \$38.47 on 7/13 and 7/27 and \$83.91 on 8/10, 8/24, 9/7, and 9/21

B. Stumbo, Todd, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 502 Hillside Trail
 City Woodstock State GA Zip Code 30188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Ridge Mtn Recovery Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 412.58

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5912
 Amount of Each Receipt this Period 412.58
 Memo Item
 Payroll deductions of \$38.47 on 7/13 and 7/27 and \$83.91 on 8/10, 8/24, 9/7, and 9/21

C. Suma, Andrew, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5730 Ridgewood Drive
 City Western Springs State IL Zip Code 60558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Director of Business Development - RD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 239.52

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5915
 Amount of Each Receipt this Period 239.52
 Memo Item
 Payroll deductions of \$19.23 on 7/20, \$45.45 on 8/3, and \$43.71 on 8/17, 8/31, 9/14, and 9/28

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1064.68 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 OF 48 |
| | <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. Tacke, Michael, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5034 North Louis River Way
 City Tucson State AZ Zip Code 85718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Facility CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 412.58

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5917
 Amount of Each Receipt this Period 412.58
 Memo Item
 Payroll deductions of \$38.47 on 7/13 and 7/27 and \$83.91 on 8/10, 8/24, 9/7, and 9/21

B. Terreson, Gregg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2125 North 172nd Street
 City Shoreline State WA Zip Code 98133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Facility CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 201.80

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5920
 Amount of Each Receipt this Period 201.80
 Memo Item
 Payroll deductions of \$20.00 on 7/27 and \$45.45 on 8/10, 8/24, 9/7, and 9/21

C. Thompson, Keith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4012 Dorcas Drive
 City Nashville State TN Zip Code 37215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Deputy General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 412.58

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5923
 Amount of Each Receipt this Period 412.58
 Memo Item
 Payroll deductions of \$38.47 on 7/13 and 7/27 and \$83.91 on 8/10, 8/24, 9/7, and 9/21

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1026.96 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 40 OF 48 |
| <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. Tippett, Monica, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9912 Lodestone Drive

| | | |
|-------------------|-------------|-------------------|
| City Brentwood | State TN | Zip Code 37027 |
|-------------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Acadia Healthcare | Occupation (for Individual) Opertations Controller |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
206.32

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2018 |

Transaction ID : SA11AI.5924

Amount of Each Receipt this Period
206.32

Memo Item
Payroll deductions of \$19.24 on 7/13 and 7/27 and \$41.96 on 8/10, 8/24, 9/7, and 9/21

B. Turner, Brent, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5235 Lysander Lane

| | | |
|-------------------|-------------|------------------------|
| City Brentwood | State TN | Zip Code 37027-3111 |
|-------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Acadia Healthcare | Occupation (for Individual) President |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2062.94

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2018 |

Transaction ID : SA11AI.5929

Amount of Each Receipt this Period
2062.94

Memo Item
Payroll deductions of \$192.31 on 7/13 and 7/27 and \$419.58 on 8/10, 8/24, 9/7, and 9/21

C. Turner, Robert, L., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 201 Toliver Court

| | | |
|------------------|-------------|-------------------|
| City Franklin | State TN | Zip Code 37067 |
|------------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Acadia Healthcare | Occupation (for Individual) Division President |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1031.48

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2018 |

Transaction ID : SA11AI.5928

Amount of Each Receipt this Period
1031.48

Memo Item
Payroll deductions of \$96.16 on 7/13 and 7/27 and \$209.79 on 8/10, 8/24, 9/7, and 9/21

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3300.74 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 41 OF 48 |
| | <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. West, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2704 Kildrummie Street
 City Henderson State NV Zip Code 89044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) CEO - Facility
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 412.58

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5932
 Amount of Each Receipt this Period 412.58
 Memo Item
 Payroll deductions of \$38.47 on 7/13 and 7/27 and \$83.91 on 8/10, 8/24, 9/7, and 9/21

B. West, Melissa, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1781 FM 580
 City Copperas Cove State TX Zip Code 76522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cedar Crest Hospital Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 206.32

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5933
 Amount of Each Receipt this Period 206.32
 Memo Item
 Payroll deductions of \$19.24 on 7/13 and 7/27 and \$41.96 on 8/10, 8/24, 9/7, and 9/21

C. Wilfer Jr., James, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5413 Madiliz Way
 City Wichita Falls State TX Zip Code 76302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Facility CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 412.58

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5934
 Amount of Each Receipt this Period 412.58
 Memo Item
 Payroll deductions of \$38.47 on 7/13 and 7/27 and \$83.91 on 8/10, 8/24, 9/7, and 9/21

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1031.48 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 OF 48 |
| | <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. Willcoxon, Philip, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6438 Wynfrey Place
 City Memphis State TN Zip Code 38120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Occupation (for Individual) CEO - Delta
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 412.58

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5936
 Amount of Each Receipt this Period 412.58
 Memo Item
 Payroll deductions of \$38.47 on 7/13 and 7/27 and \$83.91 on 8/10, 8/24, 9/7, and 9/21

B. Willingham, Dwight, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2227 Chickering Lane
 City Nashville State TN Zip Code 37215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Occupation (for Individual) Division President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1454.56

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.5937
 Amount of Each Receipt this Period 1454.56
 Memo Item
 Payroll deductions of \$363.64 on 8/10, 8/24, 9/7, and 9/21

C. Willis, Debra, Jane, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 Plum Hill Drive
 City Jonesboro State AR Zip Code 72401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ascent CHS Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 10 / 2018
Transaction ID : SA11AI.5725
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Contribution

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2867.14 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 43 OF 48 |
| | <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 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. Wiltshire, Matt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11166 Stonehill Drive
 City Alexander State AR Zip Code 72002-5005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) CEO (Group)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2018
Transaction ID : SA11AI.5727
 Amount of Each Receipt this Period
 2500.00
 Memo Item Contribution

B. Woodson, Joshua, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2720 Emilia Lane
 City Round Rock State TX Zip Code 78665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Facility CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 412.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2018
Transaction ID : SA11AI.5939
 Amount of Each Receipt this Period
 412.58
 Memo Item
 Payroll deductions of \$38.47 on 7/13 and 7/27 and \$83.91 on 8/10, 8/24, 9/7, and 9/21

C. Zagerman, Robert, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 411 Stafford Close
 City Franklin State TN Zip Code 37069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Operations CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1650.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2018
Transaction ID : SA11AI.5941
 Amount of Each Receipt this Period
 1650.34
 Memo Item
 Payroll deductions of \$153.85 on 7/13 and 7/27 and \$335.66 on 8/10, 8/24, 9/7, and 9/21

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 4562.92 |
| TOTAL This Period (last page this line number only)..... | 67444.23 |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. BILIRAKIS FOR CONGRESS | | Date of Disbursement MM / DD / YYYY 09 / 27 / 2018 |
| Mailing Address PO BOX 606 | | FEC Identification Number C00408534 Transaction ID : SB23.5683 |
| City TARPON SPRINGS | State FL | Zip Code 34688 |
| Purpose of Disbursement contribution | | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name BILIRAKIS FOR CONGRESS | | Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: FL | District: 12 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. CINDY HYDE-SMITH FOR US SENATE | | Date of Disbursement MM / DD / YYYY 09 / 27 / 2018 |
| Mailing Address PO BOX 2930 | | FEC Identification Number C00675348 Transaction ID : SB23.6157 |
| City JACKSON | State MS | Zip Code 39207 |
| Purpose of Disbursement Contribution | | Amount of Each Disbursement this Period 2000.00 |
| Candidate Name CINDY HYDE-SMITH FOR US SENATE | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: MS | District: 00 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. FRIENDS OF SUSAN BROOKS | | Date of Disbursement MM / DD / YYYY 09 / 27 / 2018 |
| Mailing Address 9425 N MERIDIAN ST # 237 | | FEC Identification Number C00500207 Transaction ID : SB23.5675 |
| City INDIANAPOLIS | State IN | Zip Code 46260 |
| Purpose of Disbursement Contribution | | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name FRIENDS OF SUSAN BROOKS | | Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: IN | District: 05 | |

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

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

| |
|---------|
| 4000.00 |
| |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. GEORGE HOLDING FOR CONGRESS INC. | | Date of Disbursement MM / DD / YYYY 09 / 27 / 2018 |
| Mailing Address PO BOX 97187 | | FEC Identification Number C00499236 Transaction ID : SB23.5682 |
| City RALEIGH | State NC | Zip Code 27624 |
| Purpose of Disbursement Contribution | | Amount of Each Disbursement this Period 2000.00 |
| Candidate Name GEORGE HOLDING FOR CONGRESS INC. | | Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: NC | District: 02 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. HEALTHCARE FREEDOM FUND | | Date of Disbursement MM / DD / YYYY 09 / 19 / 2018 |
| Mailing Address PO BOX 2485 | | FEC Identification Number C00528414 Transaction ID : SB23.5669 |
| City SPRINGFIELD | State VA | Zip Code 22152 |
| Purpose of Disbursement Contribution | | Amount of Each Disbursement this Period 5000.00 |
| Candidate Name HEALTHCARE FREEDOM FUND | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 5000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: | District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. HELLER FOR SENATE | | Date of Disbursement MM / DD / YYYY 09 / 27 / 2018 |
| Mailing Address PO BOX 371907 | | FEC Identification Number C00494229 Transaction ID : SB23.5679 |
| City LAS VEGAS | State NV | Zip Code 89137 |
| Purpose of Disbursement Contribution | | Amount of Each Disbursement this Period 2500.00 |
| Candidate Name HELLER FOR SENATE | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: NV | District: 00 | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 9500.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. HUDSON FOR CONGRESS | | Date of Disbursement MM / DD / YYYY 09 / 27 / 2018 |
| Mailing Address PO BOX 5053 | | FEC Identification Number C00504522 Transaction ID : SB23.5673 |
| City CONCORD | State NC | Zip Code 28027 |
| Purpose of Disbursement Contribution | | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name HUDSON FOR CONGRESS | | Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: NC | District: 08 | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. KUSTOFF FOR CONGRESS | | Date of Disbursement MM / DD / YYYY 08 / 02 / 2018 |
| Mailing Address 1661 AARON BRENNER DRIVE SUITE 300 | | FEC Identification Number C00614826 Transaction ID : SB23.5665 |
| City MEMPHIS | State TN | Zip Code 38120 |
| Purpose of Disbursement Contribution | | Amount of Each Disbursement this Period 5000.00 |
| Candidate Name KUSTOFF FOR CONGRESS | | Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: TN | District: 08 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. LONE STAR LEADERSHIP PAC | | Date of Disbursement MM / DD / YYYY 09 / 20 / 2018 |
| Mailing Address PO BOX 30844 | | FEC Identification Number C00415208 Transaction ID : SB23.5671 |
| City BETHESDA | State MD | Zip Code 20824 |
| Purpose of Disbursement Contribution | | Amount of Each Disbursement this Period 5000.00 |
| Candidate Name LONE STAR LEADERSHIP PAC | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: | District: | |

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

11000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 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 |

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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. MORGAN GRIFFITH FOR CONGRESS | | Date of Disbursement M M / D D / Y Y Y Y Y Y 09 / 27 / 2018 | |
| Mailing Address PO BOX 361 | | | |
| City CHRISTIANSBURG | State VA | Zip Code 24068 | |
| Purpose of Disbursement Contribution | | FEC Identification Number C C00477240 Transaction ID : SB23.5676 | |
| Candidate Name MORGAN GRIFFITH FOR CONGRESS | | Amount of Each Disbursement this Period 1000.00 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: VA District: 09 | <input type="checkbox"/> Memo Item | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. | | Date of Disbursement M M / D D / Y Y Y Y Y Y | |
| Mailing Address | | | |
| City | State | Zip Code | |
| Purpose of Disbursement | | FEC Identification Number C | |
| Candidate Name | | Amount of Each Disbursement this Period | |
| 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: | <input type="checkbox"/> Memo Item | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement M M / D D / Y Y Y Y Y Y | |
| Mailing Address | | | |
| City | State | Zip Code | |
| Purpose of Disbursement | | FEC Identification Number C | |
| Candidate Name | | Amount of Each Disbursement this Period | |
| 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: | <input type="checkbox"/> Memo Item | | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 1000.00 |
| TOTAL This Period (last page this line number only).....▶ | 25500.00 |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <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)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. Acadia Healthcare Company, Inc. FED PAC - State Account

Full Name (Last, First, Middle Initial)

Mailing Address 6100 Tower Circle
Suite 1000

City Franklin State TN Zip Code 37067

Purpose of Disbursement
Transfer of Funds to State PAC Account

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 17 / 2018

FEC Identification Number: C

Transaction ID : SB29.5687

Amount of Each Disbursement this Period: 20000.00

Memo Item

B. Colyer for Governor

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3708

City Topeka State KS Zip Code 66604

Purpose of Disbursement
Contribution for Kansas gubernatorial election

Candidate Name
Colyer, Jeff, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)

State: KS District:

Date of Disbursement: 08 / 02 / 2018

FEC Identification Number: C

Transaction ID : SB29.5667

Amount of Each Disbursement this Period: 2000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

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

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

| |
|----------|
| 22000.00 |
| 22000.00 |