

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
PSYCHIATRIC SOLUTIONS INC. FED PAC

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

2. **FEC IDENTIFICATION NUMBER** C00407684
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 04 01 2008 through 06 30 2008

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

Type or Print Name of Treasurer Brent Turner

Signature of Treasurer Electronically Filed by Brent Turner Date 07 15 2008

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

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
PSYCHIATRIC SOLUTIONS INC. FED PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 8 | | 166475.00 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 8 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 166475.00 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 44480.00 | 44480.00 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 210955.00 | 210955.00 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 17300.00 | 17300.00 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 193655.00 | 193655.00 | | | | | | | | |
| 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
PSYCHIATRIC SOLUTIONS INC. FED PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| 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 | 43300.00 | 43300.00 |
| (i) Itemized (use Schedule A) | 1180.00 | 1180.00 |
| (ii) Unitemized | 44480.00 | 44480.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 44480.00 | 44480.00 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 44480.00 | 44480.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 44480.00 | 44480.00 |

DETAILED SUMMARY PAGE

of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 7000.00 | 7000.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 10300.00 | 10300.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 17300.00 | 17300.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 17300.00 | 17300.00 |

DETAILED SUMMARY PAGE
of Disbursements

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|----------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3 | 44480.00 | 44480.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 44480.00 | 44480.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 26 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PSYCHIATRIC SOLUTIONS INC. FED PAC

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Christy Amy | Date of Receipt MM / DD / YYYY 04 / 01 / 2008 |
| | Mailing Address 8900 Research Park Drive #615 | Transaction ID: SA11AI.4127 |
| | City State Zip Code The Woodlands TX 77381 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation West Oaks CFO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Stephanie E. Austin | Date of Receipt MM / DD / YYYY 04 / 09 / 2008 |
| | Mailing Address 1241 Marijon Drive | Transaction ID: SA11AI.4168 |
| | City State Zip Code Chattanooga TN 37421 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Cumberland Hall - Chattanooga CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Richard A. Bangert | Date of Receipt MM / DD / YYYY 04 / 07 / 2008 |
| | Mailing Address 370 W. River Trail Drive | Transaction ID: SA11AI.4158 |
| | City State Zip Code Eagle ID 83616 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Intermountain Hospital CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

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|------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional) | 2000.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 26 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
PSYCHIATRIC SOLUTIONS INC. FED PAC

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------|-----------------------------------------|------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Jack Barzilai | | Date of Receipt | |
| | Mailing Address 1310 Grandview | | M M / D D / Y Y Y Y Y 04 / 14 / 2008 | |
| | City | State | Zip Code | Transaction ID: SA11AI.4164 |
| | New Lenox | IL | 60451 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 1000.00 | |
| Name of Employer Psychiatric Solutions, Inc. | | Occupation Division CFO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------|-----------------------------------------|------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Jeff Bergren | | Date of Receipt | |
| | Mailing Address 8 Polo Drive | | M M / D D / Y Y Y Y Y 04 / 17 / 2008 | |
| | City | State | Zip Code | Transaction ID: SA11AI.4177 |
| | South Barrington | IL | 60010 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 2000.00 | |
| Name of Employer Psychiatric Solutions, Inc. | | Occupation Division President | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 2000.00 | | |

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------|-----------------------------------------|------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Brian J. Brooker | | Date of Receipt | |
| | Mailing Address 1815 Ash Meadow Drive | | M M / D D / Y Y Y Y Y 04 / 04 / 2008 | |
| | City | State | Zip Code | Transaction ID: SA11AI.4121 |
| | Houston | TX | 77090 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 500.00 | |
| Name of Employer Cypress Creek | | Occupation CEO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | |

| | | |
|------------------------------------------------------------------|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 3500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 26 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
PSYCHIATRIC SOLUTIONS INC. FED PAC

| | | |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Kevin Burgess | Date of Receipt MM / DD / YYYY 04 / 14 / 2008 |
| | Mailing Address 8305 S. Urbana Avenue | Transaction ID: SA11AI.4193 |
| | City State Zip Code Tulsa OK 74137 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Shadow Mountain Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Patrick Burrows | Date of Receipt MM / DD / YYYY 04 / 10 / 2008 |
| | Mailing Address 50 Woodlock Lane | Transaction ID: SA11AI.4183 |
| | City State Zip Code Ona WV 25545 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer River Park Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Richard Clark | Date of Receipt MM / DD / YYYY 04 / 16 / 2008 |
| | Mailing Address 210 North 28th Street | Transaction ID: SA11AI.4201 |
| | City State Zip Code Richmond VA 23223 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Poplar Springs Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional) | 2500.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 26 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
PSYCHIATRIC SOLUTIONS INC. FED PAC

| | | |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) John Coleman | Date of Receipt MM / DD / YYYY 04 / 06 / 2008 |
| | Mailing Address 7005 North Ridge Drive | Transaction ID: SA11AI.4123 |
| | City State Zip Code Nashville TN 37221 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: Psychiatric Solutions, Inc. Occupation: VP Clinical Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 1000.00 | |

| | | |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Omar Correa | Date of Receipt MM / DD / YYYY 04 / 02 / 2008 |
| | Mailing Address 1865 Dapplegrey Lane | Transaction ID: SA11AI.4115 |
| | City State Zip Code Austin TX 78727 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: TNC, OTC, Austin Occupation: CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 500.00 | |

| | | |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Mary Ann Dworaczyk | Date of Receipt MM / DD / YYYY 04 / 04 / 2008 |
| | Mailing Address 3001 Sale Street #407 | Transaction ID: SA11AI.4142 |
| | City State Zip Code Dallas TX 75219 | Amount of Each Receipt this Period 300.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: Psychiatric Solutions, Inc. Occupation: VP of Quality Improvement Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 300.00 | |

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional) | 1800.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | | | |
|-------------------------------------------------------------------------------|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 26 | | |
| | <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 |

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NAME OF COMMITTEE (In Full)
PSYCHIATRIC SOLUTIONS INC. FED PAC

| | | |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Ron Escarda | Date of Receipt MM / DD / YYYY 04 / 11 / 2008 |
| | Mailing Address 3310 - 203rd Place NE | Transaction ID: SA11AI.4170 |
| | City State Zip Code Sammamish WA 98074 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Fairfax Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 |

| | | |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Lisa D. Evans | Date of Receipt MM / DD / YYYY 04 / 15 / 2008 |
| | Mailing Address 304 Summerfield Drive | Transaction ID: SA11AI.4181 |
| | City State Zip Code Bryant AR 72022 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Pinnacle Point Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 |

| | | |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Brennan Francois | Date of Receipt MM / DD / YYYY 04 / 02 / 2008 |
| | Mailing Address 4501 50th Street | Transaction ID: SA11AI.4136 |
| | City State Zip Code Meridian MS 39301 | Amount of Each Receipt this Period 300.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Alliance Occupation COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 |

| | | |
|------------------------------------------------------------------|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1800.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 11 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PSYCHIATRIC SOLUTIONS INC. FED PAC

A. Full Name (Last, First, Middle Initial)
William Gitzen

Mailing Address 20976 Canal Crossing Court

City State Zip Code
Sterling VA 20165

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

Name of Employer Occupation
NSBH, WRC, LPBH, THC CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.4213

Amount of Each Receipt this Period
250.00

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

Mailing Address 1220 West Leigh Drive

City State Zip Code
Charlottesville VA 22901

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

Name of Employer Occupation
Whisper Ridge CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.4144

Amount of Each Receipt this Period
750.00

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

Mailing Address 10431 Brynmore Drive

City State Zip Code
Richmond VA 23237

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

Name of Employer Occupation
Poplar Springs CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.4117

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 26
(check only one)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

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NAME OF COMMITTEE (In Full)
PSYCHIATRIC SOLUTIONS INC. FED PAC

A.

Full Name (Last, First, Middle Initial)
Stephen Hobbs

Mailing Address 9219 Foxboro Drive

City State Zip Code
Brentwood TN 37027

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

Name of Employer
Psychiatric Solutions, Inc.

Occupation
Division CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 11 / 2008

Transaction ID: SA11AI.4156

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Michelle Jackson

Mailing Address 1303 Frances Avenue

City State Zip Code
Fullerton CA 92831

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

Name of Employer
Alhambra

Occupation
CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2008

Transaction ID: SA11AI.4129

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Robert Jackson

Mailing Address 8305 Old Cobblestone Drive

City State Zip Code
Meridian MS 39305

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

Name of Employer
Alliance/Diamond Grove

Occupation
CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2008

Transaction ID: SA11AI.4134

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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

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

| | | |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 26 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
PSYCHIATRIC SOLUTIONS INC. FED PAC

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Scott Kardenetz | Date of Receipt MM / DD / YYYY 04 / 01 / 2008 |
| | Mailing Address 1232 Temple Ridge Drive | Transaction ID: SA11AI.4113 |
| | City State Zip Code Nashville TN 37221 | Amount of Each Receipt this Period 2000.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Psychiatric Solutions, Inc. | Occupation Division President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Kathy MacNichol | Date of Receipt MM / DD / YYYY 04 / 07 / 2008 |
| | Mailing Address 8608 Shady Bluff | Transaction ID: SA11AI.4150 |
| | City State Zip Code Baton Rouge LA 70818 | Amount of Each Receipt this Period 300.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Psychiatric Solutions, Inc. | Occupation VP Clinical Operations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Rick Mahalingham | Date of Receipt MM / DD / YYYY 04 / 14 / 2008 |
| | Mailing Address 2119 Sister Court | Transaction ID: SA11AI.4233 |
| | City State Zip Code Nolensville TN 37135 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Psychiatric Solutions, Inc. | Occupation Division CFO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|------------------------------------------------------------------|----------------|
| SUBTOTAL of Receipts This Page (optional) | 3300.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 14 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PSYCHIATRIC SOLUTIONS INC. FED PAC

A. Full Name (Last, First, Middle Initial)
Martha Mather

Mailing Address 427 Waverly Drive

City Augusta State GA Zip Code 30909

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

Name of Employer Lighthouse Care Center Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 14 / 2008
Transaction ID: SA11AI.4197
Amount of Each Receipt this Period 250.00

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

Mailing Address 716 Whippoorwill Drive

City Hoover State AL Zip Code 35244

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

Name of Employer Hillcrest Hospital Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 11 / 2008
Transaction ID: SA11AI.4172
Amount of Each Receipt this Period 1000.00

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

Mailing Address 5353 G. Street

City Chino State CA Zip Code 91710

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

Name of Employer Canyon Ridge Occupation COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 03 / 2008
Transaction ID: SA11AI.4140
Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PSYCHIATRIC SOLUTIONS INC. FED PAC

A. Full Name (Last, First, Middle Initial)
Nick Mezza

Mailing Address 800 Water Street

City State Zip Code
Chesapeake VA 23320

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

Name of Employer First Home Care Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.4148

Amount of Each Receipt this Period
250.00

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

Mailing Address 3145 Vera Valley Road

City State Zip Code
Franklin TN 37064

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

Name of Employer Psychiatric Solutions, Inc. Occupation Dir. of Financial Reporting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.4174

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Douglas Lee Mitchell

Mailing Address 278 Pinnacle Parkway

City State Zip Code
New Braunfels TX 78132

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

Name of Employer San Marcas Treatment Center Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.4105

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

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

FOR LINE NUMBER: PAGE 16 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PSYCHIATRIC SOLUTIONS INC. FED PAC

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

Mailing Address 7580 Venus Heights

City State Zip Code
Meridian MS 39305

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

Name of Employer Alliance Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 02 / 2008
Transaction ID: SA11AI.4132
Amount of Each Receipt this Period: 1000.00

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

Mailing Address 10743 Grayslake Drive

City State Zip Code
Reno NV 89521

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

Name of Employer West Hills & Willow Springs Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 01 / 2008
Transaction ID: SA11AI.4125
Amount of Each Receipt this Period: 500.00

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

Mailing Address 921 Aqua Lane

City State Zip Code
Ft. Meyers FL 33919

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

Name of Employer Psychiatric Solutions, Inc. Occupation Division President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 04 / 10 / 2008
Transaction ID: SA11AI.4152
Amount of Each Receipt this Period: 2000.00

SUBTOTAL of Receipts This Page (optional) ► 3500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 26
(check only one)

| | | | |
|-----------------------------------------|------------------------------|------------------------------|---------------------------------------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
PSYCHIATRIC SOLUTIONS INC. FED PAC

A.

Full Name (Last, First, Middle Initial)

Jack Polson

Mailing Address 1421 Trace Ridge Lane

City State Zip Code
Nashville TN 37221

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

Name of Employer
Psychiatric Solutions, In-
c.

Occupation
EVP, CAO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.4102

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Edgar E. Prettyman

Mailing Address 8603 Martindale Drive

City State Zip Code
Austin TX 78759

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

Name of Employer
Austin Facilities

Occupation
CEO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.4107

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Nancy Purtell

Mailing Address 4 Shorebird Court

City State Zip Code
Sacramento CA 95833

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

Name of Employer
Sierra Vista

Occupation
CEO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.4211

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

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

| | | |
|-------------------------------------------------------------------------------|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 18 / 26 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
PSYCHIATRIC SOLUTIONS INC. FED PAC

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------|-----------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Jeffery Rice | | Date of Receipt |
| | Mailing Address 1880 Beringer Way | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 1 5 / 2 0 0 8 |
| | City | State | Zip Code |
| | Reno | NV | 89521 |
| | FEC ID number of contributing federal political committee. | | <input type="text"/> C <input type="text"/> |
| Name of Employer West Hills | | Occupation CEO | Transaction ID: SA11AI.4195 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text"/> 1000.00 | <input type="text"/> 1000.00 |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------|-----------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Catherine A. Schmidt | | Date of Receipt |
| | Mailing Address 12704 Trail Driver | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 0 1 / 2 0 0 8 |
| | City | State | Zip Code |
| | Austin | TX | 78737 |
| | FEC ID number of contributing federal political committee. | | <input type="text"/> C <input type="text"/> |
| Name of Employer San Marcos Treatment Center | | Occupation CEO | Transaction ID: SA11AI.4109 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text"/> 1000.00 | <input type="text"/> 1000.00 |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------|-----------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Cindy Sheriff | | Date of Receipt |
| | Mailing Address 4302 Springbank Drive | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 1 0 / 2 0 0 8 |
| | City | State | Zip Code |
| | Owensboro | KY | 42303 |
| | FEC ID number of contributing federal political committee. | | <input type="text"/> C <input type="text"/> |
| Name of Employer Horizon | | Occupation President EAP | Transaction ID: SA11AI.4154 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text"/> 2000.00 | <input type="text"/> 2000.00 |

| | |
|------------------------------------------------------------------|------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 4000.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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 / 26 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
PSYCHIATRIC SOLUTIONS INC. FED PAC

| | | |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Linda Simko | Date of Receipt MM / DD / YYYY 04 / 11 / 2008 |
| | Mailing Address 3306 Blue Jay Court | Transaction ID: SA11AI.4187 |
| | City State Zip Code Woodstock IL 60098 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: Psychiatric Solutions, Inc. Occupation: VP Clinical Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Victoria Smith | Date of Receipt MM / DD / YYYY 04 / 02 / 2008 |
| | Mailing Address 404 Doe Ridge | Transaction ID: SA11AI.4111 |
| | City State Zip Code Franklin TN 37067 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: Psychiatric Solutions, Inc. Occupation: VP Business Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Robin Stough | Date of Receipt MM / DD / YYYY 04 / 08 / 2008 |
| | Mailing Address 1203 High View Drive | Transaction ID: SA11AI.4160 |
| | City State Zip Code Wadsworth OH 44281 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: Belmont Pines Hospital Occupation: CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | |

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional) | 2000.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 20 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PSYCHIATRIC SOLUTIONS INC. FED PAC

A. Full Name (Last, First, Middle Initial)
Mark Swatzell

Mailing Address 348 Normandy Circle

City Nashville State TN Zip Code 37209

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

Name of Employer Nashville Rehab Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 17 / 2008
Transaction ID: SA11AI.4205
Amount of Each Receipt this Period 250.00

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

Mailing Address 407 Bluffcourt

City San Antonio State TX Zip Code 78216

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

Name of Employer Laurel Ridge Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 02 / 2008
Transaction ID: SA11AI.4138
Amount of Each Receipt this Period 1000.00

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

Mailing Address 1080 Leisure Point Road

City Prosperity State SC Zip Code 29127

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

Name of Employer Palmetto Behavioral Health Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 17 / 2008
Transaction ID: SA11AI.4199
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 26
(check only one)

| | | | |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
PSYCHIATRIC SOLUTIONS INC. FED PAC

A.

Full Name (Last, First, Middle Initial)
Scott Viniard

Mailing Address 3 Lantern Lane

City State Zip Code
Springfield IL 62704

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

Name of Employer Lincoln Prairie Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2008

Transaction ID: SA11AI.4166

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Kim Whitelock

Mailing Address P.O. Box 151

City State Zip Code
Harris NY 12742

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

Name of Employer Meadowwood BHS Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2008

Transaction ID: SA11AI.4191

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Steve Wilson

Mailing Address 8204 Victory Trail

City State Zip Code
Brentwood TN 37027

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

Name of Employer Psychiatric Solutions, Inc. Occupation Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2008

Transaction ID: SA11AI.4179

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

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

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

FOR LINE NUMBER: PAGE 22 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PSYCHIATRIC SOLUTIONS INC. FED PAC

A. Full Name (Last, First, Middle Initial)
Ben Winbery
Mailing Address 422 Bob White Road
City Macon State GA Zip Code 31216
FEC ID number of contributing federal political committee. **C**
Name of Employer Macon Behavioral Health Occupation CFO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 04 / 25 / 2008
Transaction ID: SA11AI.4215
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Touby Wtzky
Mailing Address 726 Heritage Court
City Franklin State TN Zip Code 37067
FEC ID number of contributing federal political committee. **C**
Name of Employer Nashville Rehab Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 04 / 08 / 2008
Transaction ID: SA11AI.4146
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Robert Zagerman
Mailing Address 1404 Noble Road
City Rydal State PA Zip Code 19046
FEC ID number of contributing federal political committee. **C**
Name of Employer Brooke Glen Occupation CFO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 04 / 15 / 2008
Transaction ID: SA11AI.4189
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | | |
|-------------------------------------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 23 / 26 | |
| | (check only one) | | | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
PSYCHIATRIC SOLUTIONS INC. FED PAC

| | | | | | |
|-----------|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|-----------------------------|--|
| A. | Full Name (Last, First, Middle Initial) John Scott Zeiter | | Date of Receipt | | |
| | Mailing Address 220 Foxborough Drive SW | | M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 8 | | |
| | City Leesburg | State VA | Zip Code 20175 | Transaction ID: SA11AI.4207 | |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 750.00 | | |
| | Name of Employer North Spring | Occupation CEO | | | |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | | | |

| | |
|------------------------------------------------------------------|----------|
| SUBTOTAL of Receipts This Page (optional) | 750.00 |
| TOTAL This Period (last page this line number only) | 43300.00 |

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"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
PSYCHIATRIC SOLUTIONS INC. FED PAC

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A. Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS</p> <p>Mailing Address 4201 Northview Dr, Ste 307</p> <p>City Bowie State MD Zip Code 20716</p> <p>Purpose of Disbursement</p> <p>Candidate Name STENY HAMILTON HOYER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.4285</p> <p>Date of Disbursement 04 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/PAC)</p> <p>Mailing Address 701 13TH STREET NW SUITE 950</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.4272</p> <p>Date of Disbursement 04 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS</p> <p>Mailing Address PO Box 5577 MANHATTANVILLE STA</p> <p>City New York State NY Zip Code 10027</p> <p>Purpose of Disbursement NY Congressman</p> <p>Candidate Name CHARLES B RANGEL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.4236</p> <p>Date of Disbursement 04 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> |

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional) | 7000.00 |
| TOTAL This Period (last page this line number only) | 7000.00 |

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"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
PSYCHIATRIC SOLUTIONS INC. FED PAC

| | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) COOPER FOR CONGRESS COMMITTEE | Transaction ID: SB29.4252 Date of Disbursement |
| | Mailing Address c/o Davidson Golden & Lundy P.C. P.O. Box 927 | <input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2008"/> |
| | City Brentwood State TN Zip Code 37024 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | <input type="text" value="2500.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 05 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) EMANUEL, RAHM | Transaction ID: SB29.4258 Date of Disbursement |
| | Mailing Address 4228 North Hermitage | <input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2008"/> |
| | City Chicago State IL Zip Code 60613 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | <input type="text" value="2300.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 05 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) FORBES FOR CONGRESS | Transaction ID: SB29.4264 Date of Disbursement |
| | Mailing Address PO Box 15100 | <input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2008"/> |
| | City Chesapeake State VA Zip Code 23328 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | <input type="text" value="1000.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 04 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|------------------------------------------------------------------|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="5800.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 26 / 26

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
PSYCHIATRIC SOLUTIONS INC. FED PAC

| | | |
|----|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Friends of Zach Wamp | Transaction ID: SB29.4282 |
| | Mailing Address P.O. Box 24804 | Date of Disbursement MM / DD / YYYY 06 / 11 / 2008 |
| | City Chattanooga State TN Zip Code 37422 | Amount of Each Disbursement this Period 1000.00 |
| | Purpose of Disbursement | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) GORDON, BART | Transaction ID: SB29.4250 |
| | Mailing Address P.O. Box 2008 | Date of Disbursement MM / DD / YYYY 04 / 21 / 2008 |
| | City Murfreesboro State TN Zip Code 37133 | Amount of Each Disbursement this Period 2500.00 |
| | Purpose of Disbursement | |
| | Candidate Name | Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: TN District: 06 | |

| | | |
|----|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Vicki Truitt Campaign | Transaction ID: SB29.4279 |
| | Mailing Address P.O. Box 2910 | Date of Disbursement MM / DD / YYYY 04 / 28 / 2008 |
| | City Austin State TX Zip Code 78768 | Amount of Each Disbursement this Period 1000.00 |
| | Purpose of Disbursement | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

10300.00