

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 CITY STATE ZIP CODE C 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 (selected), 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 / 2017 through 12 / 31 / 2017

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 01 / 31 / 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**

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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="2017"/>	<input type="text" value="135186.10"/>	<input type="text" value="135186.10"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="121987.10"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="118626.00"/>	<input type="text" value="143227.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="240613.10"/>	<input type="text" value="278413.10"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="76900.00"/>	<input type="text" value="114700.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="163713.10"/>	<input type="text" value="163713.10"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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: M M / D D / Y Y Y Y Y Y
07 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2017

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).....	116451.00	139252.00
(ii) Unitemized	2175.00	2475.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	118626.00	141727.00
(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)	118626.00	141727.00
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	1500.00
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)).....▶	118626.00	143227.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	118626.00	143227.00

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.....	52500.00	83700.00
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).....	24400.00	31000.00
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)) ..	76900.00	114700.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	76900.00	114700.00

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)	118626.00	141727.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	118626.00	141727.00
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 OF 59
<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. Abromovich, Sari, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4073 Willoway Place Drive
 City Bloomfield State MI Zip Code 48302
 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 ▼ 1000.00

Date of Receipt 07 / 24 / 2017
Transaction ID : SA11AI.5268
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

B. Andersen, Cynda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20185 Normandy Drive
 City Lebanon State MO Zip Code 65536
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Lakeland Behavioral Hospital Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 10 / 2017
Transaction ID : SA11AI.5192
 Amount of Each Receipt this Period 250.00
 Memo Item Contribution

C. Anderson, Carter, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3505 Albany Avenue
 City Butte State MT Zip Code 59701
 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 ▼ 250.00

Date of Receipt 08 / 09 / 2017
Transaction ID : SA11AI.5293
 Amount of Each Receipt this Period 250.00
 Memo Item Contribution

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: (check only one)	PAGE 7 OF 59
<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. Anderson, William, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11962 N. Plasita Casa De Amor
 City Marana State AZ Zip Code 85658
 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 ▼ 1000.00

Date of Receipt **07 / 05 / 2017**
Transaction ID : SA11AI.5206
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

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 ▼ 500.00

Date of Receipt **09 / 01 / 2017**
Transaction ID : SA11AI.5352
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

C. Arroyo, Bernard, Jason, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3909 Newton Abbey Lane
 City Grove Port State OH Zip Code 43125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ten Lakes Center/Shaker Center Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 28 / 2017**
Transaction ID : SA11AI.5374
 Amount of Each Receipt this Period 250.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 OF 59
	<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. Avant, Julie, , ,		Date of Receipt MM / DD / YYYY 07 / 19 / 2017
Mailing Address 6776 Poppleton Road		Transaction ID : SA11AI.5248
City Canton	State MI	Zip Code 48187
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer (for Individual) Acadia Healthcare	Occupation (for Individual) CEO	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Beaver, Kathleen, , ,		Date of Receipt MM / DD / YYYY 07 / 06 / 2017
Mailing Address 1601 Norman Drive Apt. Z1		Transaction ID : SA11AI.5210
City Valdosta	State GA	Zip Code 31602
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer (for Individual) Acadia Greenleaf Center	Occupation (for Individual) Facility CFO	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Bellinger, Sean, , ,		Date of Receipt MM / DD / YYYY 08 / 28 / 2017
Mailing Address 5919 Alexandria Drive		Transaction ID : SA11AI.5341
City Temple	State TX	Zip Code 76502
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer (for Individual) Acadia Healthcare	Occupation (for Individual) CEO	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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 OF 59
	<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. Bishop, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 Riverwood
 City Boerne State TX Zip Code 78006
 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 ▼ 1500.00

Date of Receipt **07 / 04 / 2017**
Transaction ID : SA11AI.5173
 Amount of Each Receipt this Period 1500.00
 Memo Item Contribution

B. Bonin, Stephanie, Brazda, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 205 Wadsworth Drive
 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) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **08 / 14 / 2017**
Transaction ID : SA11AI.5298
 Amount of Each Receipt this Period 400.00
 Memo Item Contribution

C. 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 ▼ 750.00

Date of Receipt **07 / 25 / 2017**
Transaction ID : SA11AI.5269
 Amount of Each Receipt this Period 750.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	2650.00
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 OF 59
<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 ▼ 1000.00

Date of Receipt **07 / 28 / 2017**
Transaction ID : SA11AI.5270
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

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 **08 / 31 / 2017**
Transaction ID : SA11AI.5353
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

C. Brown, Taft, , ,
 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) Director, Talent Acquisition
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 05 / 2017**
Transaction ID : SA11AI.5212
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

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 11 OF 59
<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. 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 ▼ 2500.00

Date of Receipt 07 / 05 / 2017
Transaction ID : SA11AI.5213
 Amount of Each Receipt this Period 2500.00
 Memo Item Contribution

B. Callahan, Thomas, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 620 Weldon Street
 City Latrobe State PA Zip Code 15650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 05 / 2017
Transaction ID : SA11AI.5214
 Amount of Each Receipt this Period 1500.00
 Memo Item Contribution

C. Campbell, Jason, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 909 Woodlynne Boulevard
 City Linwood State NJ Zip Code 08221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Vice President, Business Development
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 22 / 2017
Transaction ID : SA11AI.5342
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	5000.00
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 12 OF 59
	<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. Chun, Mi Rhee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 Lenomar Court
 City Rochester Hills State MI Zip Code 48309
 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 ▼ 300.00

Date of Receipt 08 / 08 / 2017
Transaction ID : SA11AI.5299
 Amount of Each Receipt this Period 300.00
 Memo Item Contribution

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 ▼ 2500.00

Date of Receipt 07 / 17 / 2017
Transaction ID : SA11AI.5193
 Amount of Each Receipt this Period 2500.00
 Memo Item Contribution

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 ▼ 1000.00

Date of Receipt 07 / 13 / 2017
Transaction ID : SA11AI.5194
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	3800.00
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 OF 59
<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. Davidson, Steven, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3537 Crestridge Drive
 City Nashville State TN Zip Code 37204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Occupation (for Individual) Chief Development Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 17 / 2017
Transaction ID : SA11AI.5195
 Amount of Each Receipt this Period 5000.00
 Memo Item Contribution

B. 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 ▼ 500.00

Date of Receipt 07 / 06 / 2017
Transaction ID : SA11AI.5174
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

C. Dillon-Page, Tonya, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Sheridan Drive
 City St. Albans State WV Zip Code 25177-2712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 18 / 2017
Transaction ID : SA11AI.5249
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	6500.00
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 14 OF 59
	<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. 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 ▼ 1000.00

Date of Receipt 07 / 09 / 2017
Transaction ID : SA11AI.5175
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

B. Duckworth, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 128 Steeplechase Lane
 City Nashville State TN Zip Code 37221
 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 ▼ 5000.00

Date of Receipt 07 / 31 / 2017
Transaction ID : SA11AI.5271
 Amount of Each Receipt this Period 5000.00
 Memo Item Contribution

C. Duke, Sarah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1388 W. Stone Meadow Drive
 City West Jordan State UT Zip Code 84088
 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 ▼ 250.00

Date of Receipt 07 / 25 / 2017
Transaction ID : SA11AI.5272
 Amount of Each Receipt this Period 250.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	6250.00
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 15 OF 59
	<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. 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 ▼ 750.00

Date of Receipt **07 / 25 / 2017**
Transaction ID : SA11AI.5273
 Amount of Each Receipt this Period 750.00
 Memo Item Contribution

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 ▼ 1000.00

Date of Receipt **07 / 27 / 2017**
Transaction ID : SA11AI.5274
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

C. Farrell, Shawn, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 Tremont Street
 City Asheville State NC Zip Code 28762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SVWS of the Carolinas Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 05 / 2017**
Transaction ID : SA11AI.5216
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

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: (check only one)	PAGE 16 OF 59
<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. Ferguson, Michael, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 365 Snowden Street W.
 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 ▼ 1500.00

Date of Receipt 07 / 07 / 2017
Transaction ID : SA11AI.5225
 Amount of Each Receipt this Period 1500.00
 Memo Item Contribution

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 ▼ 5000.00

Date of Receipt 07 / 17 / 2017
Transaction ID : SA11AI.5196
 Amount of Each Receipt this Period 5000.00
 Memo Item Contribution

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 ▼ 500.00

Date of Receipt 07 / 13 / 2017
Transaction ID : SA11AI.5197
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

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: (check only one)	PAGE 17 OF 59
<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. 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 07 / 07 / 2017
Transaction ID : SA11AI.5176
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

B. Frazer, Harry, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3292 Pomarine Lane
 City Norcross State GA Zip Code 30092-4919
 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 07 / 11 / 2017
Transaction ID : SA11AI.5198
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

C. Garcia, Marty, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Finnhorse 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 ▼ 2500.00

Date of Receipt 07 / 24 / 2017
Transaction ID : SA11AI.5250
 Amount of Each Receipt this Period 2500.00
 Memo Item Contribution

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 18 OF 59
	<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. Gerberry, Amy, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 342 Omni Drive
 City Sparks State NV Zip Code 89441
 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 ▼ 500.00

Date of Receipt 07 / 12 / 2017
Transaction ID : SA11AI.5199
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

B. Giralmo, Michael, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4801 Irving Boulevard, NW Unit 1202
 City Albuquerque State NM Zip Code 87114
 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 ▼ 500.00

Date of Receipt 07 / 28 / 2017
Transaction ID : SA11AI.5275
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

C. Goldstone, Michael, S., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W280N3507 Taylors Woods Road NE
 City Pewaukee State WI Zip Code 53072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Chief Medical Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 20 / 2017
Transaction ID : SA11AI.5251
 Amount of Each Receipt this Period 1500.00
 Memo Item Contribution

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 19 OF 59
	<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. Gonzalez-Matos, Luis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Urb Torremolinos H6Calle D

City Guaynabo	State PR	Zip Code 00969
------------------	-------------	-------------------

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

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

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
 08 / 24 / 2017

Transaction ID : SA11AI.5334

Amount of Each Receipt this Period
500.00

Memo Item
Contribution

B. Gordon, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 Pickwick Road

City West Newton	State MA	Zip Code 02465-2818
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Bain Capital	Occupation (for Individual) Managing Director
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2017

Transaction ID : SA11AI.5276

Amount of Each Receipt this Period
5000.00

Memo Item
Contribution

C. Guild, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1311 Whispering Hills Street

City Ada	State OK	Zip Code 74820
-------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2017

Transaction ID : SA11AI.5427

Amount of Each Receipt this Period
1000.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....	6500.00
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 20 OF 59
	<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. 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 ▼ 250.00

Date of Receipt 07 / 02 / 2017
Transaction ID : SA11AI.5177
 Amount of Each Receipt this Period 250.00
 Memo Item Contribution

B. Ham, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14578 Calusa Palms Drive
 City Ft. Myers State FL Zip Code 33919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia/Park Royal Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 05 / 2017
Transaction ID : SA11AI.5217
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

C. Hanner, Robert, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 20th Avenue South, #709
 City Nashville State TN Zip Code 37212
 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 ▼ 2500.00

Date of Receipt 09 / 11 / 2017
Transaction ID : SA11AI.5355
 Amount of Each Receipt this Period 2500.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	3750.00
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 21 OF 59
<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 ▼ 250.00

Date of Receipt 09 / 07 / 2017
Transaction ID : SA11AI.5361
 Amount of Each Receipt this Period 250.00
 Memo Item Contribution

B. Hommrich, A., Gretchen, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4210 Hillsboro Pike #213
 City Nashville State TN Zip Code 37215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare, Inc. Occupation (for Individual) Director, Investor Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 10 / 2017
Transaction ID : SA11AI.5178
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

C. Howard, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6100 Tower Circle Suite 1000
 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) EVP, General Counsel & Secretary
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 25 / 2017
Transaction ID : SA11AI.5252
 Amount of Each Receipt this Period 5000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	5750.00
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 22 OF 59
<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. Hughes, Chantel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6058 Thistle Meadow Avenue
 City Las Vegas State NV Zip Code 89139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Seven Hills Hospital Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 22 / 2017**
Transaction ID : SA11AI.5375
 Amount of Each Receipt this Period 250.00
 Memo Item Contribution

B. Hurley, Stuart, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 605 W. Chapel Hill Street
 City Durham State NC Zip Code 27701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Structure House - Acadia Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1001.00

Date of Receipt **07 / 01 / 2017**
Transaction ID : SA11AI.5179
 Amount of Each Receipt this Period 1001.00
 Memo Item Contribution

C. Jacobs, Joey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9229 Hunterboro Drive
 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) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **08 / 24 / 2017**
Transaction ID : SA11AI.5335
 Amount of Each Receipt this Period 5000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	6251.00
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 23 OF 59
	<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. Jupinko, Celeste, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 E. Silverstone Place
 City Tucson State AZ Zip Code 85737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) V.P. Clinical Services/CTC Division
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 12 / 2017
Transaction ID : SA11AI.5514
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

B. 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 ▼ 2500.00

Date of Receipt 08 / 29 / 2017
Transaction ID : SA11AI.5362
 Amount of Each Receipt this Period 2500.00
 Memo Item Contribution

C. Kramer, Carmen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1667 Clairmont Way NE
 City Atlanta State GA Zip Code 30329-1613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia - Lakeview Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 05 / 2017
Transaction ID : SA11AI.5218
 Amount of Each Receipt this Period 750.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	3750.00
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 24 OF 59
	<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. Kulo-Gordon, Colleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 777 N. Michigan Avenue
 1201
 City Chicago State IL Zip Code 60611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Timberline Knolls Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **07 / 15 / 2017**
Transaction ID : SA11AI.5277
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

B. Langley, Jason, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3216 Site To See Avenue
 City Eustis State FL Zip Code 32726
 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 ▼ 500.00

Date of Receipt **09 / 07 / 2017**
Transaction ID : SA11AI.5371
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

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 ▼ 300.00

Date of Receipt **08 / 31 / 2017**
Transaction ID : SA11AI.5363
 Amount of Each Receipt this Period 300.00
 Memo Item Contribution

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 25 OF 59
	<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. Lewis, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 891 Juliana Cove
 City Collierville State TN Zip Code 38017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) CFO - Crestwyn
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 08 / 2017
Transaction ID : SA11AI.5364
 Amount of Each Receipt this Period 250.00
 Memo Item Contribution

B. Lohrding, Brian, N., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9511 Elgin Way
 City Brentwood State TN Zip Code 37027-1111
 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 ▼ 500.00

Date of Receipt 07 / 05 / 2017
Transaction ID : SA11AI.5181
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

C. Marsh, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5805 Charlotte Drive A209
 City San Jose State CA Zip Code 95123
 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 ▼ 300.00

Date of Receipt 07 / 11 / 2017
Transaction ID : SA11AI.5200
 Amount of Each Receipt this Period 300.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	1050.00
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 26 OF 59
<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. 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 ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 21 / 2017

Transaction ID : SA11AI.5358

Amount of Each Receipt this Period
1000.00

Memo Item Contribution

B. McCoy, J., Clay, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2307 Shugs Way

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 ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2017

Transaction ID : SA11AI.5253

Amount of Each Receipt this Period
1000.00

Memo Item Contribution

C. McMullen, Jeff, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1411 Halapa Way

City Trinity	State FL	Zip Code 34655
-----------------	-------------	-------------------

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

Name of Employer (for Individual) North Tampa BH	Occupation (for Individual) CFO
---	------------------------------------

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
 07 / 11 / 2017

Transaction ID : SA11AI.5201

Amount of Each Receipt this Period
250.00

Memo Item Contribution

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: (check only one)	PAGE 27 OF 59
<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. 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 08 / 21 / 2017
Transaction ID : SA11AI.5336
 Amount of Each Receipt this Period 300.00
 Memo Item Contribution

B. Moore, Ruth, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2100 McNab Avenue
 City Long Beach State CA Zip Code 90815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Occupation (for Individual) VP Compliance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 07 / 22 / 2017
Transaction ID : SA11AI.5254
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

C. 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 ▼ 500.00

Date of Receipt 07 / 21 / 2017
Transaction ID : SA11AI.5255
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

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 28 OF 59
	<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. 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 **08 / 25 / 2017**
Transaction ID : SA11AI.5337
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

B. Morris, Peter, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Nutmeg Drive
 City Johnston State RI Zip Code 02919
 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 ▼ 2500.00

Date of Receipt **07 / 05 / 2017**
Transaction ID : SA11AI.5219
 Amount of Each Receipt this Period 2500.00
 Memo Item Contribution

C. 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 ▼ 1500.00

Date of Receipt **07 / 14 / 2017**
Transaction ID : SA11AI.5182
 Amount of Each Receipt this Period 1500.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	4500.00
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 29 OF 59
	<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. O'Neill, Stephanie, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10800 Cibola Loop Road, NW
 Apt. 1036
 City Albuquerque State NM Zip Code 87114
 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 ▼ 250.00

Date of Receipt 07 / 08 / 2017
Transaction ID : SA11AI.5183
 Amount of Each Receipt this Period 250.00
 Memo Item Contribution

B. 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 ▼ 500.00

Date of Receipt 08 / 09 / 2017
Transaction ID : SA11AI.5301
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

C. Pabis, Tamara, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 446 Laurel Avenue
 City Half Moon Bay State CA Zip Code 94019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Regional CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 16 / 2017
Transaction ID : SA11AI.5324
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	1250.00
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 30 OF 59
<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. Paris, Randi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 966 Bull Run West Drive
 City Greenwood State IN Zip Code 46143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Resolute Treatment Facility Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 31 / 2017
Transaction ID : SA11AI.5279
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

B. Pelkey, Glenn, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 266 Palm Valley Boulevard Apt. 304
 City San Jose State CA Zip Code 95123-1045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) San Jose Behavioral Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 07 / 2017
Transaction ID : SA11AI.5401
 Amount of Each Receipt this Period 250.00
 Memo Item Contribution

C. Pitts, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5008 Crown Point Lane
 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 ▼ 1500.00

Date of Receipt 07 / 10 / 2017
Transaction ID : SA11AI.5184
 Amount of Each Receipt this Period 1500.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	2750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 59
	<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. Procopio, Joseph, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6014 Maysbrook 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) Division President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **07 / 01 / 2017**
Transaction ID : SA11AI.5227
 Amount of Each Receipt this Period 2500.00
 Memo Item Contribution

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 ▼ 500.00

Date of Receipt **10 / 05 / 2017**
Transaction ID : SA11AI.5377
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

C. Quigley, Stephen, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 312 Buckingham Drive
 City Venetia State PA Zip Code 15367
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia - Southwood Hospital Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **07 / 21 / 2017**
Transaction ID : SA11AI.5256
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	4000.00
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 32 OF 59
<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. 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 ▼ 500.00

Date of Receipt 08 / 08 / 2017
Transaction ID : SA11AI.5300
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

B. Regier, Carol, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 58 Park Lane
 City Canton State SD Zip Code 57013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Keystone Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 06 / 2017
Transaction ID : SA11AI.5302
 Amount of Each Receipt this Period 300.00
 Memo Item Contribution

C. Register, Stephen, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 1000.00

Date of Receipt 07 / 01 / 2017
Transaction ID : SA11AI.5202
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

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 33 OF 59
	<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. Richmond, Joseph, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 1500.00

Date of Receipt **07 / 25 / 2017**
Transaction ID : SA11AI.5259
 Amount of Each Receipt this Period 1500.00
 Memo Item Contribution

B. Rivera, Marta, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Hacienda San JoSE Asomante 11
 City Caguas State PR Zip Code 00725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Occupation (for Individual) Facility CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 24 / 2017**
Transaction ID : SA11AI.5338
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

C. Roeske, Danielle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Reichert Avenue Unit 103
 City Novato State CA Zip Code 94945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Serenity Knolls - Recovery Div Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 07 / 2017**
Transaction ID : SA11AI.5185
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

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 34 OF 59
	<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. Roeske, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Reichert Avenue
 Unit 103
 City Novato State CA Zip Code 94945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bayside Marin/Recovery Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 07 / 2017
Transaction ID : SA11AI.5186
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

B. Rogers, Tracy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27006 Indian Ridge Drive
 City Yamaha State FL Zip Code 34797
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia HC Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 24 / 2017
Transaction ID : SA11AI.5359
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

C. 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 09 / 13 / 2017
Transaction ID : SA11AI.5360
 Amount of Each Receipt this Period 1500.00
 Memo Item Contribution

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 35 OF 59
	<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. Rusinko, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 597 Glen Meadow Road
 City Richmond State PA Zip Code 18954
 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 / 21 / 2017
Transaction ID : SA11AI.5260
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

B. Sanderson, Kimberly, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16750 Ellendale Road
 City Dallas State OR Zip Code 97338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 05 / 2017
Transaction ID : SA11AI.5220
 Amount of Each Receipt this Period 1500.00
 Memo Item Contribution

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 ▼ 1000.00

Date of Receipt 08 / 14 / 2017
Transaction ID : SA11AI.5325
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 36 OF 59
<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. Sawyer, R., Mark, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 6388
 City Navarre State FL Zip Code 32566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare - TOR Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 22 / 2017**
Transaction ID : SA11AI.5339
 Amount of Each Receipt this Period 250.00
 Memo Item Contribution

B. 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 ▼ 1000.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.5261
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

C. Schwieger, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4510 Cranesbill 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) Chief Compliance Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **08 / 23 / 2017**
Transaction ID : SA11AI.5344
 Amount of Each Receipt this Period 2500.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	3250.00
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 37 OF 59
<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. Simpson, Zachary, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5547 Hillview 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) Corporate Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 14 / 2017
Transaction ID : SA11AI.5204
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

B. Singleton, Doris, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4190 NW Meadow Creek Circle Apt. 110
 City Fayetteville State AR Zip Code 72703-6371
 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 ▼ 250.00

Date of Receipt 07 / 06 / 2017
Transaction ID : SA11AI.5187
 Amount of Each Receipt this Period 250.00
 Memo Item Contribution

C. Smith, Lauren, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 219 Gardenridge Drive
 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) Director of Financial Reporting & Acct
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 03 / 2017
Transaction ID : SA11AI.5229
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	1250.00
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 38 OF 59
	<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. 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 **07 / 21 / 2017**
Transaction ID : SA11AI.5262
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

B. 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 ▼ 1000.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.5263
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

C. 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 ▼ 500.00

Date of Receipt **08 / 27 / 2017**
Transaction ID : SA11AI.5345
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

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 39 OF 59
	<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. Sullivan, Dan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3905 Bolt Boulevard
 City Jonesboro State AR Zip Code 72401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ascent Children's Health Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 17 / 2017
Transaction ID : SA11AI.5223
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

B. Thompson, Keith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Bellevue Drive S.
 City Nashville State TN Zip Code 37205
 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 ▼ 1000.00

Date of Receipt 07 / 03 / 2017
Transaction ID : SA11AI.5230
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

C. Wasp, Jonathon, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 513 E. Jefferson Street
 City Olyphant State PA Zip Code 18447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) RVP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 04 / 2017
Transaction ID : SA11AI.5378
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

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 40 OF 59
<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. Willburn, Matt, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2858 E. Westerling Way
 City Cottonwood Heights State UT Zip Code 84121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highland Ridge Acadia LLC Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 15 / 2017**
Transaction ID : SA11AI.5326
 Amount of Each Receipt this Period 250.00
 Memo Item Contribution

B. 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 ▼ 1000.00

Date of Receipt **07 / 10 / 2017**
Transaction ID : SA11AI.5188
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

C. 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 ▼ 500.00

Date of Receipt **08 / 14 / 2017**
Transaction ID : SA11AI.5291
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 41 OF 59
<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. Winbery, Ben, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3732 N. Dupont Avenue
 City Fayetteville State AR Zip Code 72704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadia/Vantage Point and Piney Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 26 / 2017
Transaction ID : SA11AI.5264
 Amount of Each Receipt this Period 250.00
 Memo Item Contribution

B. 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 ▼ 2500.00

Date of Receipt 07 / 31 / 2017
Transaction ID : SA11AI.5280
 Amount of Each Receipt this Period 2500.00
 Memo Item Contribution

C. Zimble, Sharon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2613 La Golondrina Street
 City Carlsbad State CA Zip Code 92009-4323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montecatini Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 10 / 2017
Transaction ID : SA11AI.5205
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	3750.00
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 42 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ACADIA HEALTHCARE COMPANY INC. FEDPAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zyak, Jenny, L., ,

Mailing Address 265 Granger View Circle

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

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

Name of Employer (for Individual) Acadia Health Care	Occupation (for Individual) Vice President, Admissions Support
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 03 / 2017

Transaction ID : SA11AI.5231

Amount of Each Receipt this Period
300.00

Memo Item Contribution

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	116451.00

**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. BLACKBURN VICTORY FUND		Date of Disbursement MM / DD / YYYY 07 / 13 / 2017
Mailing Address 4916 THOROUGHBRED LN		FEC Identification Number C00632877 Transaction ID : SB23.5429
City BRENTWOOD	State TN	Zip Code 37207
Purpose of Disbursement Contribution		Category/ Type 011
Candidate Name BLACKBURN, MARSHA MRS, , ,		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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN	District: 00	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. CHUCK FLEISCHMANN FOR CONGRESS COMMITTEE, INC.		Date of Disbursement MM / DD / YYYY 07 / 13 / 2017
Mailing Address P.O. BOX 11091		FEC Identification Number C00461822 Transaction ID : SB23.5239
City CHATTANOOGA	State TN	Zip Code 37401
Purpose of Disbursement Contribution		Category/ Type 011
Candidate Name FLEISCHMANN, CHARLES J, , ,		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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN	District: 03	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. DAVID ROUZER FOR CONGRESS		Date of Disbursement MM / DD / YYYY 08 / 15 / 2017
Mailing Address PO BOX 3142		FEC Identification Number C00501643 Transaction ID : SB23.5309
City WILMINGTON	State NC	Zip Code 28406
Purpose of Disbursement Contribution		Category/ Type 011
Candidate Name ROUZER, DAVID CHESTON, , ,		Amount of Each Disbursement this Period 2000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC	District: 07	<input type="checkbox"/> Memo Item

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

A. DEVIN NUNES CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 6545

City
VISALIA

State
CA

Zip Code
93290-6545

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

NUNES, DEVIN G, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			06			2017			

FEC Identification Number

C C00370056

Transaction ID : SB23.5415

Amount of Each Disbursement this Period

1000.00

Memo Item

B. GUTHRIE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 9639

City
BOWLING GREEN

State
KY

Zip Code
42102-9639

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

GUTHRIE, BRUCE MACCLEMMENT, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			14			2017			

FEC Identification Number

C C00445023

Transaction ID : SB23.5422

Amount of Each Disbursement this Period

1000.00

Memo Item

C. JOHN ROSE FOR TENNESSEE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2404

City
COOKEVILLE

State
TN

Zip Code
38502

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

ROSE, JOHN W., , ,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2017			

FEC Identification Number

C C00652743

Transaction ID : SB23.5407

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00

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**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

A. LONE STAR LEADERSHIP PAC

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 30844

City BETHESDA State MD Zip Code 20824

Purpose of Disbursement Contribution
Candidate Name

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

Date of Disbursement: MM / DD / YYYY
07 / 13 / 2017

FEC Identification Number: C00415208
Transaction ID : SB23.5242
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. MARK GREEN FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 346 WARFIELD BLVD SUITE A

City CLARKSVILLE State TN Zip Code 37043

Purpose of Disbursement Contribution
Candidate Name GREEN, MARK DR., , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: TN District: 07

Date of Disbursement: MM / DD / YYYY
11 / 06 / 2017

FEC Identification Number: C00658385
Transaction ID : SB23.5404
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. MARSHA FOR SENATE

Full Name (Last, First, Middle Initial)
Mailing Address 4916 THOROUGHBRED LN

City BRENTWOOD State TN Zip Code 37027

Purpose of Disbursement Contribution
Candidate Name BLACKBURN, MARSHA MRS., , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: TN District: 00

Date of Disbursement: MM / DD / YYYY
12 / 20 / 2017

FEC Identification Number: C00376939
Transaction ID : SB23.5424
Amount of Each Disbursement this Period: 5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7000.00

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

A. MCSALLY FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 19128

City TUCSON State AZ Zip Code 85731-9128

Purpose of Disbursement Contribution
Candidate Name MCSALLY, MARTHA E. MS., , ,
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: AZ District: 02

Date of Disbursement: 12 / 14 / 2017

FEC Identification Number: C00512236
Transaction ID : SB23.5416
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

B. NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/PAC)

Full Name (Last, First, Middle Initial)
Mailing Address 900 17TH STREET, NW SUITE 420

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement Contribution
Candidate Name
Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: District:

Date of Disbursement: 07 / 21 / 2017

FEC Identification Number: C00107136
Transaction ID : SB23.5235
Amount of Each Disbursement this Period: 5000.00

Category/Type: 011

Memo Item

C. NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial)
Mailing Address 204 S. MONROE ST. STE 201-A

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement Contribution
Candidate Name
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement: 08 / 08 / 2017

FEC Identification Number: C00544544
Transaction ID : SB23.5305
Amount of Each Disbursement this Period: 10000.00

Category/Type: 011

Memo Item

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

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

16000.00

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

Use separate schedule(s)
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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

A. PERDUE NRSC VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 3986

City WASHINGTON State DC Zip Code 20027

Purpose of Disbursement Contribution
Candidate Name PERDUE, DAVID, , ,
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: GA District: 11

Date of Disbursement: 11 / 30 / 2017

FEC Identification Number: C00578542
Transaction ID : SB23.5411
Amount of Each Disbursement this Period: 1500.00

Memo Item

B. ROCK CITY PAC

Full Name (Last, First, Middle Initial)
Mailing Address 4515 HARDING PIKE, STE. 110

City NASHVILLE State TN Zip Code 37205

Purpose of Disbursement Contribution
Candidate Name
Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) ▼
State: District:

Date of Disbursement: 12 / 05 / 2017

FEC Identification Number: C00436410
Transaction ID : SB23.5412
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. SINEMA FOR ARIZONA

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 7586

City PHOENIX State AZ Zip Code 85011

Purpose of Disbursement Contribution
Candidate Name SINEMA, KYRSTEN, , ,
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: AZ District: 00

Date of Disbursement: 12 / 14 / 2017

FEC Identification Number: C00508804
Transaction ID : SB23.5419
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

5000.00

**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. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
STABENOW, DEBBIE, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MI District: 00

Date of Disbursement
MM / DD / YYYY
11 / 03 / 2017

FEC Identification Number
C C00344473
Transaction ID : SB23.5399
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. STEVE SMITH FOR CONGRESS

Mailing Address P.O. BOX 1164

City MARICOPA State AZ Zip Code 85139

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
SMITH, STEVE, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: AZ District: 01

Date of Disbursement
MM / DD / YYYY
11 / 02 / 2017

FEC Identification Number
C C00641431
Transaction ID : SB23.5396
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. TEAM RYAN

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
RYAN, PAUL D., , ,

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) ▼
State: WI District: 01

Date of Disbursement
MM / DD / YYYY
08 / 22 / 2017

FEC Identification Number
C C00545947
Transaction ID : SB23.5313
Amount of Each Disbursement this Period
5000.00

Memo Item

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

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 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

A. TENNESSEE REPUBLICAN PARTY FEDERAL ELECTION ACCOUNT

Full Name (Last, First, Middle Initial)

Mailing Address 95 WHITE BRIDGE RD
SUITE 414

City NASHVILLE State TN Zip Code 37205

Purpose of Disbursement
Capitol Table Host Reception - 2017 Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 24 / 2017

FEC Identification Number: C00040220
Transaction ID : SB23.5434
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. TEXANS FOR SENATOR JOHN CORNYN INC

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 13026

City AUSTIN State TX Zip Code 78711

Purpose of Disbursement
Contribution

Candidate Name
CORNYN, JOHN, , ,

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

State: TX District: 00

Date of Disbursement: 10 / 03 / 2017

FEC Identification Number: C00369033
Transaction ID : SB23.5384
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. TIM MURPHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 24551

City PTTSBURGH State PA Zip Code 15234

Purpose of Disbursement
Contribution

Candidate Name
MURPHY, TIMOTHY, , ,

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

State: PA District: 18

Date of Disbursement: 07 / 24 / 2017

FEC Identification Number: C00372201
Transaction ID : SB23.5284
Amount of Each Disbursement this Period: 3000.00

Memo Item

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

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

8000.00

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

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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

A. WALDEN FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1091

City HOOD RIVER State OR Zip Code 97031-0037

Purpose of Disbursement Contribution

Candidate Name WALDEN, GREGORY P. MR., , ,

Office Sought: House Senate President
State: OR District: 02

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement: 08 / 22 / 2017

FEC Identification Number: C00333427
Transaction ID : SB23.5317

Amount of Each Disbursement this Period: 2500.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify)

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

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
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	52500.00

**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

Full Name (Last, First, Middle Initial)

A. Aroostook PAC

Mailing Address P.O. Box 235

City Eagle Lake State ME Zip Code 04739

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 15 / 2017

FEC Identification Number
C
Transaction ID : SB29.5498
Amount of Each Disbursement this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Bill Denny Campaign

Mailing Address 36 Autumn Hill Drive

City Jackson State MS Zip Code 39211

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name

Denny, Bill, , ,

Office Sought: House Senate President
State: MS District: 64

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 14 / 2017

FEC Identification Number
C
Transaction ID : SB29.5470
Amount of Each Disbursement this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Bill Schuette for Michigan

Mailing Address P.O. Box 12307

City Lansing State MI Zip Code 48901

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
08 / 08 / 2017

FEC Identification Number
C
Transaction ID : SB29.5455
Amount of Each Disbursement this Period
400.00

Memo Item

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

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

1150.00

**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

Full Name (Last, First, Middle Initial) A. Chris Brown Campaign		Date of Disbursement MM / DD / YYYY 12 / 14 / 2017
Mailing Address 33112 Highway 45 N.		FEC Identification Number C [REDACTED] Transaction ID : SB29.5451 Amount of Each Disbursement this Period [REDACTED] 500.00
City Nettleton	State MS	Zip Code 38858
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Brown, Chris, , ,		Memo Item <input type="checkbox"/>
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: MS	District: 20	

Full Name (Last, First, Middle Initial) B. Dean Kirby Campaign		Date of Disbursement MM / DD / YYYY 12 / 14 / 2017
Mailing Address 111 Brandon Boulevard		FEC Identification Number C [REDACTED] Transaction ID : SB29.5445 Amount of Each Disbursement this Period [REDACTED] 1000.00
City Pearl	State MS	Zip Code 39208
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Kirby, Dean, , ,		Memo Item <input type="checkbox"/>
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: MS	District: 30	

Full Name (Last, First, Middle Initial) C. Dion for Maine		Date of Disbursement MM / DD / YYYY 12 / 21 / 2017
Mailing Address 17 Willow Drive		FEC Identification Number C [REDACTED] Transaction ID : SB29.5503 Amount of Each Disbursement this Period [REDACTED] 250.00
City Westbrook	State ME	Zip Code 04091
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
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).....▶

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

[REDACTED] 1750.00
[REDACTED]

**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

Full Name (Last, First, Middle Initial) A. Eugene Clarke Campaign		Date of Disbursement MM / DD / YYYY 12 / 14 / 2017
Mailing Address P.O. Box 668		FEC Identification Number C [REDACTED] Transaction ID : SB29.5475
City Hollandale	State MS	Zip Code 38748
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 500.00
Candidate Name Clarke, Eugene, S., ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: MS District: 22	

Full Name (Last, First, Middle Initial) B. Friends of Tate Reeves		Date of Disbursement MM / DD / YYYY 10 / 12 / 2017
Mailing Address P.O. Box 24355		FEC Identification Number C [REDACTED] Transaction ID : SB29.5439
City Jackson	State MS	Zip Code 39225
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Reeves, Tate, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: MS District:	

Full Name (Last, First, Middle Initial) C. Friends of Van Turner		Date of Disbursement MM / DD / YYYY 10 / 11 / 2017
Mailing Address 4860 Lanlee Drive		FEC Identification Number C [REDACTED] Transaction ID : SB29.5486
City Memphis	State TN	Zip Code 38125
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 2000.00
Candidate Name Turner, Van, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

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

3500.00

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

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

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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

Full Name (Last, First, Middle Initial) A. Friends of Walter Michel		Date of Disbursement MM / DD / YYYY 12 / 14 / 2017
Mailing Address 2660 Ridgewood Road, #101		FEC Identification Number C [REDACTED] Transaction ID : SB29.5459
City Jackson	State MS	Zip Code 39216
Purpose of Disbursement Contribution	Category/ Type 011	
Candidate Name Michel, Walter, , ,	Amount of Each Disbursement this Period 500.00	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MS District: 25	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Friends to Elect Reginald Milton		Date of Disbursement MM / DD / YYYY 12 / 14 / 2017
Mailing Address P.O. Box 578		FEC Identification Number C [REDACTED] Transaction ID : SB29.5505
City Memphis	State TN	Zip Code 38101
Purpose of Disbursement Contribution	Category/ Type 011	
Candidate Name Milton, Reginald, , ,	Amount of Each Disbursement this Period 1000.00	
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: TN District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Gideon Leadership PAC		Date of Disbursement MM / DD / YYYY 12 / 15 / 2017
Mailing Address 37 South Freeport Road		FEC Identification Number C [REDACTED] Transaction ID : SB29.5496
City Freeport	State ME	Zip Code 04032
Purpose of Disbursement Contribution	Category/ Type 011	
Candidate Name	Amount of Each Disbursement this Period 500.00	
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)..... ▶

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

2000.00
[REDACTED]

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

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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. HOSPAC

Full Name (Last, First, Middle Initial)

Mailing Address 9521 Brookline Avenue

City Baton Rouge State LA Zip Code 70809

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 21 / 2017

FEC Identification Number: C

Transaction ID : SB29.5511

Amount of Each Disbursement this Period: 2500.00

Memo Item

B. Jason White Campaign

Full Name (Last, First, Middle Initial)

Mailing Address 191 Green Street P.O. Box 246

City West State MS Zip Code 39192

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 14 / 2017

FEC Identification Number: C

Transaction ID : SB29.5449

Amount of Each Disbursement this Period: 500.00

Memo Item

C. John Read Campaign

Full Name (Last, First, Middle Initial)

Mailing Address 2396 Robert Hiram Drive

City Gautier State MS Zip Code 39553

Purpose of Disbursement Contribution

Candidate Name John, Read, O., ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MS District: 12

Date of Disbursement: 12 / 14 / 2017

FEC Identification Number: C

Transaction ID : SB29.5453

Amount of Each Disbursement this Period: 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3500.00

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 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. Josh Harkins Campaign

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 320374

City Flowood State MS Zip Code 39232

Purpose of Disbursement Contribution
Candidate Name Harkins, Josh, , ,
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: MS District: 20

Date of Disbursement: 12 / 14 / 2017

FEC Identification Number: C
Transaction ID : SB29.5447
Amount of Each Disbursement this Period: 500.00

Memo Item

B. Kristi for Governor

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 527

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement Contribution
Candidate Name
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement: 08 / 09 / 2017

FEC Identification Number: C
Transaction ID : SB29.5481
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. Mike DeWine fo Ohio

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 341065

City Columbus State OH Zip Code 43234

Purpose of Disbursement Contribution
Candidate Name
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement: 08 / 09 / 2017

FEC Identification Number: C
Transaction ID : SB29.5478
Amount of Each Disbursement this Period: 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5500.00

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 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

Full Name (Last, First, Middle Initial) A. Prosperity for Maine's Future		Date of Disbursement MM / DD / YYYY 12 / 15 / 2017
Mailing Address P.O. Box 5224		FEC Identification Number C [REDACTED] Transaction ID : SB29.5494 Amount of Each Disbursement this Period [REDACTED] 250.00
City Augusta	State ME	Zip Code 04332
Purpose of Disbursement Contribution	Category/ Type 011	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Senate Chairmans PAC		Date of Disbursement MM / DD / YYYY 12 / 15 / 2017
Mailing Address P.O. Box 1		FEC Identification Number C [REDACTED] Transaction ID : SB29.5492 Amount of Each Disbursement this Period [REDACTED] 500.00
City Auguste	State ME	Zip Code 04332
Purpose of Disbursement Contribution	Category/ Type	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Senate Democratic Campaign		Date of Disbursement MM / DD / YYYY 12 / 15 / 2017
Mailing Address P.O. Box 2207		FEC Identification Number C [REDACTED] Transaction ID : SB29.5501 Amount of Each Disbursement this Period [REDACTED] 500.00
City Augusta	State ME	Zip Code 04338
Purpose of Disbursement Contribution	Category/ Type 011	
Candidate Name	Memo Item <input type="checkbox"/>	
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).....▶	[REDACTED] 1250.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**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. Tennessee House Republican Caucus

Full Name (Last, First, Middle Initial)

Mailing Address 425 5th Avenue North, Suite 602
Cordell Hull Building

City Nashville State TN Zip Code 37243-0104

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 01 / 2017

FEC Identification Number: C

Transaction ID : SB29.5483

Amount of Each Disbursement this Period: 2000.00

Memo Item

B. Western Maine Strong PAC

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 321

City Cornish State ME Zip Code 04020

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 15 / 2017

FEC Identification Number: C

Transaction ID : SB29.5490

Amount of Each Disbursement this Period: 250.00

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	24400.00