

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

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

FOR LINE NUMBER: PAGE 25 OF 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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

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

A. Lewis, Steve, , ,

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

M M / D D / Y Y Y Y Y Y
09 / 08 / 2017

Transaction ID : SA11AI.5364

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

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

B. Lohrding, Brian, N., ,

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

M M / D D / Y Y Y Y Y Y
07 / 05 / 2017

Transaction ID : SA11AI.5181

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

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

C. Marsh, Robert, , ,

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

M M / D D / Y Y Y Y Y Y
07 / 11 / 2017

Transaction ID : SA11AI.5200

Amount of Each Receipt this Period

300.00

☐ Memo Item
Contribution

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

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

1050.00