

# 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

▼

Check if different than previously reported. (ACC)

Suite 1000

Franklin

TN

37067

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00496919

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- |                                      |                                      |                                       |   |
|--------------------------------------|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11)<br>(Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12)<br>(Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                              |

(c) 12-Day PRE-Election Report for the:

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day POST-Election Report for the:

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
07 01 2016

through

M M M / D D D / Y Y Y Y Y Y  
09 30 2016

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

M M M / D D D / Y Y Y Y Y Y  
10 27 2016

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**ACADIA HEALTHCARE COMPANY INC. FEDPAC**

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

|  | COLUMN A<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2016"/>  | <input type="text" value=""/>          | <input type="text" value="109125.00"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="53625.00"/>  |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="114250.00"/> | <input type="text" value="114250.00"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="167875.00"/> | <input type="text" value="223375.00"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="39000.00"/>  | <input type="text" value="94500.00"/>  |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="128875.00"/> | <input type="text" value="128875.00"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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:  /  /  To:  /  /

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 112850.00                     | 112850.00                         |
| (ii) Unitemized .....   | 1400.00                       | 1400.00                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 114250.00                     | 114250.00                         |
| (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) .....  | 114250.00                     | 114250.00                         |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....  | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....  | 0.00                          | 0.00                              |
| (c) Total 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)).....▶                         | 114250.00                     | 114250.00                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 114250.00                     | 114250.00                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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.....         | 16500.00                      | 72000.00                          |
| 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).....                                 | 22500.00                      | 22500.00                          |
| 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)) ..      | 39000.00                      | 94500.00                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 39000.00                      | 94500.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 114250.00                             | 114250.00                                 |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 0.00                                      |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 114250.00                             | 114250.00                                 |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 0.00                                  | 0.00                                      |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(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 40  |
| <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 13118 Nadine  
 City Huntington Woods State MI Zip Code 48070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Harbor Oaks Hospital Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **09 / 27 / 2016**  
**Transaction ID : SA11AI.4863**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

**B. Anderson, William, D., , Jr.**  
 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 of Sierra Tuscon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.4748**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

**C. Avant, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6776 Poppleton Road  
 City Canton State MI Zip Code 48187  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **09 / 27 / 2016**  
**Transaction ID : SA11AI.4927**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 7 OF 40                 |
|   | <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. Bailey, James, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 71 Montara Drive  
 City Aliso Viejo State CA Zip Code 92656-1521  
 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 08 / 31 / 2016  
**Transaction ID : SA11AI.4741**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item Contribution

**B. 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) CFO - Recovery Division  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 13 / 2016  
**Transaction ID : SA11AI.4726**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item Contribution

**C. Bissell, Elliston, Perot, , IV**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Nawthorne Road  
 City Old Greenwich State CT Zip Code 06870-2116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bissell Capital, LLC Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : SA11AI.4928**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item Contribution

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 8000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

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

FOR LINE NUMBER: PAGE 8 OF 40  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Blackwell, Kimberlee, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 527 S. Main Street  
 City New Castle State IN Zip Code 47362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acadia - StoneCrest Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 07 / 2016  
**Transaction ID : SA11AI.4805**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

**B. Bohman, Timothy, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 860 Stiner Road  
 City Sharps Chapel State TN Zip Code 37866  
 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 09 / 06 / 2016  
**Transaction ID : SA11AI.4757**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item Contribution

**C. Bolton, Eric, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 714 Hewitt Street  
 City Santa Rosa State CA Zip Code 95401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acadia Healthcare, Inc. Occupation (for Individual) CEO Duffy's Napa Valley  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 13 / 2016  
**Transaction ID : SA11AI.4806**  
 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 9 OF 40  |
| <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. 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 Healthcare Inc. Occupation (for Individual) Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 12 / 2016  
**Transaction ID : SA11AI.4809**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

**B. 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 09 / 27 / 2016  
**Transaction ID : SA11AI.4864**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

**C. Brooks, Charlie, 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) Burkwood Treatment Center Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 13 / 2016  
**Transaction ID : SA11AI.4810**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

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

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 10 OF 40   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. Bryan, Andrew, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5402 Forest Edge Drive  
 City McDonald State PA Zip Code 15057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) VP of Marketing and Business Develop  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 08 / 2016  
**Transaction ID : SA11AI.4813**  
 Amount of Each Receipt this Period 1500.00  
 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 08 / 21 / 2016  
**Transaction ID : SA11AI.4888**  
 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 ▼ 1500.00

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.4886**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item Contribution

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 4500.00 |
| <b>TOTAL</b> 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 40   |
| <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**

|   |  |   |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Carvalho, Jennifer, , ,</b>            |  | Date of Receipt   |
| Mailing Address 1041 Downing Avenue   |  | <input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2016"/> |
| City<br>Chico   | State<br>CA  | Zip Code<br>95926   |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                    |  | <b>Transaction ID : SA11AI.4865</b>   |
| Name of Employer (for Individual)<br>Acadia Healthcare Skyway House   |  | Amount of Each Receipt this Period<br><input type="text" value="1000.00"/>                            |
| Occupation (for Individual)<br>CEO  |  | <input type="checkbox"/> Memo Item Contribution   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="1000.00"/> |   |

|   |   |   |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Chun, Mi Rhee, , ,</b>                 |   | Date of Receipt   |
| Mailing Address 1901 Lenomar Court  |   | <input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2016"/> |
| City<br>Rochester Hills   | State<br>MI   | Zip Code<br>48309   |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                    |   | <b>Transaction ID : SA11AI.4889</b>   |
| Name of Employer (for Individual)<br>Acadia Healthcare/Timberline K   |   | Amount of Each Receipt this Period<br><input type="text" value="250.00"/>                             |
| Occupation (for Individual)<br>CFO  |   | <input type="checkbox"/> Memo Item Contribution   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="250.00"/> |   |

|   |  |   |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Clark, Richard, W., ,</b>            |  | Date of Receipt   |
| Mailing Address 1611 Cooper Creek Lane  |  | <input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2016"/> |
| City<br>Franklin  | State<br>TN  | Zip Code<br>37064   |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                  |  | <b>Transaction ID : SA11AI.4758</b>   |
| Name of Employer (for Individual)<br>Acadia   |  | Amount of Each Receipt this Period<br><input type="text" value="2500.00"/>                            |
| Occupation (for Individual)<br>Division President   |  | <input type="checkbox"/> Memo Item Contribution   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼<br><input type="text" value="2500.00"/> |   |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="3750.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                 |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 12 OF 40   |
| <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. 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 Healthcare Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 07 / 2016  
**Transaction ID : SA11AI.4760**  
 Amount of Each Receipt this Period 250.00  
 Memo Item Contribution

**B. Davidson, Steve, 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 Healthcare Occupation (for Individual) Chief Development Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.4718**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item Contribution

**C. Dempsey, David, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 135 Postwood Place  
 City Nashville State TN Zip Code 37205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acadia Healthcare, Inc. Occupation (for Individual) CFO-Physician Services  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : SA11AI.4746**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 5750.00 |
| <b>TOTAL</b> 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 40   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. Dillon-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 Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 12 / 2016  
**Transaction ID : SA11AI.4816**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

**B. Drake, Michael, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 Gillespie Drive #4305  
 City Franklin State TN Zip Code 37067-4305  
 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 08 / 28 / 2016  
**Transaction ID : SA11AI.4890**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

**C. Duckworth, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1076 Stonebridge Park 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) CFO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 22 / 2016  
**Transaction ID : SA11AI.4720**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item Contribution

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 6500.00 |
| <b>TOTAL</b> 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 40                |
|   | <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. 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) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.4762**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

**B. El-Yousel, Hassan, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 DeSoto Place  
 City Belleair State FL Zip Code 33756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) CEO, Carolina House  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 10 / 2016  
**Transaction ID : SA11AI.4818**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

**C. Emery, Jeffery, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7245 Meadowlark Place  
 City Rancho Cucamonga State CA Zip Code 91701-6314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pacific Grove Hospital Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 24 / 2016  
**Transaction ID : SA11AI.4868**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

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

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 15 OF 40 |
|   | <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 ▼ 1000.00

Date of Receipt 09 / 06 / 2016  
**Transaction ID : SA11AI.4747**  
 Amount of Each Receipt this Period 1000.00  
 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 Healthcare Occupation (for Individual) COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 16 / 2016  
**Transaction ID : SA11AI.4721**  
 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) Village Behavioral Health Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 02 / 2016  
**Transaction ID : SA11AI.4740**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 6500.00 |
| <b>TOTAL</b> 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 40   |
| <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. Gardner, Debra, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5107 Frys Valley Road, SW  
 City Port Washington State OH Zip Code 43837  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ten Lakes Center Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 16 / 2016  
**Transaction ID : SA11AI.4820**  
 Amount of Each Receipt this Period 250.00  
 Memo Item Contribution

**B. Gitzen, William, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 217 Walnut Drive  
 City Eighty Four State PA Zip Code 15330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acadia (Southwood) Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 23 / 2016  
**Transaction ID : SA11AI.4891**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

**C. Goldberg, Randall, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 High Point Drive  
 City Medford State NJ Zip Code 08055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) VP, Business Development  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 25 / 2016  
**Transaction ID : SA11AI.4892**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

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



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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 17 OF 40 |
|   | <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. 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 08 / 22 / 2016  
**Transaction ID : SA11AI.4893**  
 Amount of Each Receipt this Period 1500.00  
 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, LP Occupation (for Individual) Managing Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 07 / 2016  
**Transaction ID : SA11AI.4764**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item Contribution

**C. Grudinschi, Amy, C. Fritton, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1536 W. Sage Brook Court  
 City Tucson State AZ Zip Code 85737  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sierra Tucson Occupation (for Individual) Chief Financial Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 22 / 2016  
**Transaction ID : SA11AI.4730**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 7000.00 |
| <b>TOTAL</b> 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 40                |
|   | <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) Acadia (Ascent) Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 06 / 2016**  
**Transaction ID : SA11AI.4766**  
 Amount of Each Receipt this Period 250.00  
 Memo Item Contribution

**B. Heeter, Eric, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5957 Twyckenham Drive  
 City Indianapolis State IN Zip Code 46236-6365  
 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 ▼ 500.00

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.4767**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

**C. Hegwood, Wayne, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 924 Palos Verdes  
 City Leander State TX Zip Code 78641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acadia Occupation (for Individual) Hospital CFO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.4869**  
 Amount of Each Receipt this Period 250.00  
 Memo Item Contribution

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1000.00 |
| <b>TOTAL</b> 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 40   |
| <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. Hood, Ed, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4512 East Drive  
 City Belden State MS Zip Code 38826  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) CEO Millcreek of Pontotoc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 08 / 2016  
**Transaction ID : SA11AI.4769**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

**B. Howard, Chris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1010 Foxwood Drive  
 City Nashville State TN Zip Code 37215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) EVP, General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 29 / 2016  
**Transaction ID : SA11AI.4894**  
 Amount of Each Receipt this Period 5000.00  
 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 Healthcare Occupation (for Individual) Chairman and CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 25 / 2016  
**Transaction ID : SA11AI.4717**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item Contribution

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 11000.00 |
| <b>TOTAL</b> 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 40   |
| <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. Jeans, Joseph, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12219 Lynwood Drive  
 City Ft. Smith State AR Zip Code 72916  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Valley Behavioral Health Syste Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **09 / 07 / 2016**  
**Transaction ID : SA11AI.4770**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

**B. Jividen, Roxanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9706 Whispering Willow Court  
 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) Division President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **08 / 14 / 2016**  
**Transaction ID : SA11AI.4722**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item Contribution

**C. Koch, Alvin, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22831 Sagebrush  
 City Novi State MI Zip Code 48375  
 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 **09 / 27 / 2016**  
**Transaction ID : SA11AI.4930**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

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

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 21 OF 40 |
|   | <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. Langley, Jason, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7780 Braden Road  
 City Arlington State TN Zip Code 38002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Delta Medical Center Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 07 / 2016  
**Transaction ID : SA11AI.4823**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

**B. Laut, William, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6325 Minlo Drive  
 City Indianapolis State IN Zip Code 46227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : SA11AI.4825**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

**C. Lyro, Debra, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1025 St. Georges Way  
 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) CFO-Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 29 / 2016  
**Transaction ID : SA11AI.4896**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item Contribution

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

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 22 OF 40 |
|   | <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. Marfisi, Dominic, J.H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1210 Bluestone Drive  
 City Bethlehem State PA Zip Code 18017  
 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 / 23 / 2016  
**Transaction ID : SA11AI.4897**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

**B. Mason, William, G., , Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 418 Homeville Road  
 City Cochranville State PA Zip Code 19330-1708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acadia (Meadow Wood) Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : SA11AI.4732**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

**C. Mays, Ronald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 796 Fairmont Drive  
 City Tyler State TX Zip Code 75701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Interim CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 07 / 2016  
**Transaction ID : SA11AI.4779**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 23 OF 40                |
|   | <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. 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) Village Behavioral Health Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 07 / 2016  
**Transaction ID : SA11AI.4775**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

**B. McHale, Caroline, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2171 Kehrs Ridge Drive  
 City Chesterfield State OH Zip Code 63005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) McCallum Place Occupation (for Individual) Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 13 / 2016  
**Transaction ID : SA11AI.4777**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

**C. Mendoza, Loni, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 815 Neal Dow Avenue  
 City Chico State CA Zip Code 95926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Skyway House, LLC Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : SA11AI.4873**  
 Amount of Each Receipt this Period 250.00  
 Memo Item Contribution

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

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 24 OF 40 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Miller, Jennifer, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1007 Waimea Court  
 City Round Rock State TX Zip Code 78681-2434  
 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 09 / 08 / 2016  
**Transaction ID : SA11AI.4826**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

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

Date of Receipt 09 / 06 / 2016  
**Transaction ID : SA11AI.4781**  
 Amount of Each Receipt this Period 300.00  
 Memo Item Contribution

**C. 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) Regional Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 24 / 2016  
**Transaction ID : SA11AI.4884**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item Contribution

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2800.00 |
| <b>TOTAL</b> 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 40   |
| <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. Mullinix, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18596 Wychwood Place  
 City Noblesville State IN Zip Code 46062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Options Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 24 / 2016**  
**Transaction ID : SA11AI.4742**  
 Amount of Each Receipt this Period 500.00  
 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) Options Occupation (for Individual) Regional Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **09 / 12 / 2016**  
**Transaction ID : SA11AI.4828**  
 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) Options Occupation (for Individual) Regional CFO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : SA11AI.4731**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

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

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 26 OF 40   |
| <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. Parsons, William, A., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1564 Fawn Creek Road  
 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) CEO/Timerline Knolls  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 02 / 2016  
**Transaction ID : SA11AI.4739**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

**B. Peloquin, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6105 Pasatiempo Avenue  
 City San Diego State CA Zip Code 92120  
 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 08 / 10 / 2016  
**Transaction ID : SA11AI.4724**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item Contribution

**C. Pennington, Donnie, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 Woodland Street #304  
 City Nashville State TN Zip Code 37206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Division CFO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 10 / 2016  
**Transaction ID : SA11AI.4725**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item Contribution

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

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 27 OF 40   |
| <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. Piper, Angel, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5619 Graystone Drive  
 City Fort Smith State AR Zip Code 72916  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acadia Healthcare (Valley) Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.4830**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

**B. 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) Regional Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **08 / 19 / 2016**  
**Transaction ID : SA11AI.4899**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item Contribution

**C. Procopio, Joseph, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6000 Artessa Circle #6210  
 City Franklin State TN Zip Code 37067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Division President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **08 / 15 / 2016**  
**Transaction ID : SA11AI.4723**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item Contribution

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 28 OF 40                |
|   | <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. 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 Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 12 / 2016  
**Transaction ID : SA11AI.4782**  
 Amount of Each Receipt this Period 1000.00  
 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 ▼ 500.00

Date of Receipt 08 / 23 / 2016  
**Transaction ID : SA11AI.4900**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

**C. Risius, Erin, N., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2009 Copper Leaf Parkway # 302  
 City Durham State NC Zip Code 27703  
 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 09 / 09 / 2016  
**Transaction ID : SA11AI.4832**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

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

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 29 OF 40   |
| <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. Roeske, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 653 Connie Street  
 City Santa Rosa State CA Zip Code 95407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Azure Acres/Acadia Healthcare Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2016  
**Transaction ID : SA11AI.4875**  
 Amount of Each Receipt this Period 250.00  
 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 08 / 28 / 2016  
**Transaction ID : SA11AI.4729**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item Contribution

**C. Savage, Steven, J., ,**  
 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) Facility CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : SA11AI.4877**  
 Amount of Each Receipt this Period 750.00  
 Memo Item Contribution

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

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 30 OF 40   |
| <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. Shear, Bruce, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 Admirals Cove Boulevard  
 City Jupiter State FL Zip Code 33477  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acadia Occupation (for Individual) Executive Vice Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **08 / 20 / 2016**  
**Transaction ID : SA11AI.4719**  
 Amount of Each Receipt this Period 5000.00  
 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 **09 / 08 / 2016**  
**Transaction ID : SA11AI.4786**  
 Amount of Each Receipt this Period 250.00  
 Memo Item Contribution

**C. Stalls, Pamela, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 261 Loder Avenue  
 City Wilmington State NC Zip Code 28409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WTC Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **09 / 15 / 2016**  
**Transaction ID : SA11AI.4834**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 6250.00 |
| <b>TOTAL</b> 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 40 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

**A. Stept, Margaret, Fonvielle, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 107 Belle Meade Boulevard  
 City Flowood State MS Zip Code 39232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acadia/Millcreek Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 08 / 2016  
**Transaction ID : SA11AI.4787**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

**B. Stewart, J., W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 348 Old Magee Road  
 City Magee State MS Zip Code 39111  
 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 08 / 26 / 2016  
**Transaction ID : SA11AI.4901**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

**C. Stoudnour, Anita, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 135 11th Street  
 City Saxton State PA Zip Code 16678-3686  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WDR/CFBHS/Williamsburg Occupation (for Individual) Assistant Regional Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.4882**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

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

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 32 OF 40   |
| <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. 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 Servi Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.4887**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

**B. Warburton, John, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3402 Oxford Lane  
 City Wichita Falls State TX Zip Code 76310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acadia/Red River Hospital Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 03 / 2016  
**Transaction ID : SA11AI.4788**  
 Amount of Each Receipt this Period 250.00  
 Memo Item Contribution

**C. West, Melissa, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1781 FM 580  
 City Copperas Cove State TX Zip Code 76522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cedar Crest Hospital Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 06 / 2016  
**Transaction ID : SA11AI.4790**  
 Amount of Each Receipt this Period 250.00  
 Memo Item Contribution

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



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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 33 OF 40   |
| <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. Willingham, Dwight, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2227 Chickering Lane  
 City Nashville State TN Zip Code 37215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Division President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 28 / 2016  
**Transaction ID : SA11AI.4881**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item Contribution

**B. 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 Healthcare Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 16 / 2016  
**Transaction ID : SA11AI.4835**  
 Amount of Each Receipt this Period 250.00  
 Memo Item Contribution

**C. Woods, Jeffrey, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 733 Alameda Avenue  
 City Nolensville State TN Zip Code 37135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TrustPoint Hospital Occupation (for Individual) Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 07 / 2016  
**Transaction ID : SA11AI.4792**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item Contribution

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 4250.00 |
| <b>TOTAL</b> 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 40                |
|   | <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. 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) Division CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 22 / 2016  
**Transaction ID : SA11AI.4727**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item Contribution

**B. Zimbler, 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 09 / 11 / 2016  
**Transaction ID : SA11AI.4836**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

**C. Zuccaro, Kathleen, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 4078  
 City Brentwood State TN Zip Code 37024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acadia Healthcare Occupation (for Individual) Vice President - Treasury  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2016  
**Transaction ID : SA11AI.4794**  
 Amount of Each Receipt this Period 250.00  
 Memo Item Contribution

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2750.00 |
| <b>TOTAL</b> 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:<br>(check only one)    | PAGE 35 OF 40                |
| <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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Zyak, Jenny, L., ,

Mailing Address 265 Granger View Circle

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Franklin | State<br>TN | Zip Code<br>37064 |
|------------------|-------------|-------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>Acadia Health Care | Occupation (for Individual)<br>National Director, ASC |
|---|---|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 02  |   | 2016    |

**Transaction ID : SA11AI.4736**

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 |
|-----|---|-----|---|---------|

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 |
|-----|---|-----|---|---------|

Amount of Each Receipt this Period

Memo Item

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 300.00    |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 112850.00 |

**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. BILLY LONG FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 3246 E RIDGEVIEW ST

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 19    |   | 2016      |

City SPRINGFIELD State MO Zip Code 65804

FEC Identification Number

Purpose of Disbursement Contribution

|   |           |
|---|-----------|
| C | C00460063 |
|---|-----------|

Candidate Name  
**LONG, BILLY MR., , ,**

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

**Transaction ID : SB23.4716**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: MO District: 07

|         |
|---------|
| 1000.00 |
|---------|

Memo Item

**B. CHUCK FLEISCHMANN FOR CONGRESS COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 11091

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 27    |   | 2016      |

City CHATTANOOGA State TN Zip Code 37401

FEC Identification Number

Purpose of Disbursement Contribution

|   |           |
|---|-----------|
| C | C00461822 |
|---|-----------|

Candidate Name  
**FLEISCHMANN, CHARLES J, , ,**

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

**Transaction ID : SB23.4880**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: TN District: 03

|         |
|---------|
| 2500.00 |
|---------|

Memo Item

**C. COME BACK POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2485

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 13    |   | 2016      |

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement Contribution

|   |           |
|---|-----------|
| C | C00400457 |
|---|-----------|

Candidate Name  
**COME BACK POLITICAL ACTION COMMITTEE**

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

**Transaction ID : SB23.4878**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: District:

|         |
|---------|
| 1000.00 |
|---------|

Memo Item

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

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

|         |
|---------|
| 4500.00 |
|---------|

|  |
|--|
|  |
|--|

**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)<br><b>A. FRIENDS OF KELLY AYOTTE INC</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 23 / 2016                      |
| Mailing Address<br>PO BOX 937   |  | FEC Identification Number<br>C 000464297<br><b>Transaction ID : SB23.4840</b> |
| City<br>MANCHESTER  | State<br>NH  | Zip Code<br>03105   |
| Purpose of Disbursement<br>Contribution   |  | Category/Type<br>011  |
| Candidate Name<br><b>AYOTTE, KELLY A, , ,</b>   |  | Amount of Each Disbursement this Period<br>1000.00                            |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item  |
| State: NH   | District: 00   |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. KELSEY FOR CONGRESS</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>07 / 06 / 2016                      |
| Mailing Address<br>110 E. MULBERRY STREET<br>SUITE 200   |  | FEC Identification Number<br>C 000607937<br><b>Transaction ID : SB23.4705</b> |
| City<br>COLLIERVILLE   | State<br>TN  | Zip Code<br>38017   |
| Purpose of Disbursement<br>Contribution  |  | Category/Type<br>011  |
| Candidate Name<br><b>KELSEY, BRIAN, , ,</b>  |  | Amount of Each Disbursement this Period<br>1000.00                            |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item  |
| State: TN  | District: 08   |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. MARCO RUBIO FOR SENATE 2016</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 23 / 2016                      |
| Mailing Address<br>PO BOX 661537   |  | FEC Identification Number<br>C 000620518<br><b>Transaction ID : SB23.4862</b> |
| City<br>MIAMI  | State<br>FL  | Zip Code<br>33266   |
| Purpose of Disbursement<br>Contribution  |  | Category/Type<br>011  |
| Candidate Name<br><b>RUBIO, MARCO, , ,</b>   |  | Amount of Each Disbursement this Period<br>1000.00                            |
| Office Sought:<br><input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item  |
| State: FL  | District: 00   |   |

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

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

|         |
|---------|
| 3000.00 |
|         |

**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)<br><b>A. MCCARTHY VICTORY FUND</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 08 / 2016                      |
| Mailing Address PO BOX 30844   |  | FEC Identification Number<br>C C00541011<br><b>Transaction ID : SB23.4750</b> |
| City<br>BETHESDA   | State<br>MD  | Zip Code<br>20824   |
| Purpose of Disbursement<br>Contribution  |  | Category/<br>Type<br>011  |
| Candidate Name<br><b>MCCARTHY VICTORY FUND</b>   |  | Amount of Each Disbursement this Period<br>1000.00                            |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item  |
| State: CA  | District: 23   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. TENNESSEE REPUBLICAN PARTY FEDERAL ELECTION ACCOUNT</b>                  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 22 / 2016                      |
| Mailing Address 2424 21ST AVENUE<br>SUITE 200   |  | FEC Identification Number<br>C C00040220<br><b>Transaction ID : SB23.4850</b> |
| City<br>NASHVILLE   | State<br>TN  | Zip Code<br>37212   |
| Purpose of Disbursement<br>Contribution   |  | Category/<br>Type<br>011  |
| Candidate Name<br><b>TENNESSEE REPUBLICAN PARTY FEDERAL ELECTION ACCOUNT</b>  |  | Amount of Each Disbursement this Period<br>3000.00                            |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item  |
| State:  | District:  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. TENN POLITICAL ACTION COMMITTEE INC (TENN PAC)</b>                       |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 08 / 2016                      |
| Mailing Address 228 S WASHINGTON STREET SUITE 115   |  | FEC Identification Number<br>C C00388421<br><b>Transaction ID : SB23.4749</b> |
| City<br>ALEXANDRIA  | State<br>VA  | Zip Code<br>22314   |
| Purpose of Disbursement<br>Contribution   |  | Category/<br>Type<br>011  |
| Candidate Name<br><b>TENN POLITICAL ACTION COMMITTEE INC (TENN PAC)</b>   |  | Amount of Each Disbursement this Period<br>5000.00                            |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item  |
| State:  | District:  |   |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 9000.00  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 16500.00 |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Acadia Healthcare Company, Inc. FEDPAC - State Account**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 6100 Tower Circle  
Suite 1000

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 19    |   | 2016      |

City Franklin State TN Zip Code 37067-1509

FEC Identification Number

Purpose of Disbursement  
Transfer from Federal PAC Account to State PAC Account

|   |
|---|
| C |
|---|

Candidate Name

|                   |
|-------------------|
| 008               |
| Category/<br>Type |

Transaction ID : SB29.4903

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

|          |
|----------|
| 15000.00 |
|----------|

Memo Item

**B. Friends of Doug Ducey**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 6635 W. Happy Valley Road  
Suite a104 #198

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 16    |   | 2016      |

City Glendale State AZ Zip Code 85310

FEC Identification Number

Purpose of Disbursement  
Non-Federal Campaign Committee

|   |
|---|
| C |
|---|

Candidate Name

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Transaction ID : SB29.4797

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

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

Memo Item

**C. Philip Gunn Campaign**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. Box 1018

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 06    |   | 2016      |

City Jackson State MS Zip Code 39215

FEC Identification Number

Purpose of Disbursement  
Non-Federal Campaign Committee

|   |
|---|
| C |
|---|

Candidate Name

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Transaction ID : SB29.4707

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: MS District: 56

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

|         |
|---------|
| 2500.00 |
|---------|

Memo Item

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

|          |
|----------|
| 21500.00 |
|----------|

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

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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 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. Tax Payers for Nygren**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 552

City Marinette State WI Zip Code 54143

Purpose of Disbursement  
Non-Federal Campaign Committee

Candidate Name  
**John Nygren**

Office Sought:  House  Senate  President  
State: WI District:

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
07 / 27 / 2016

FEC Identification Number  
C

Transaction ID : **SB29.4753**

Amount of Each Disbursement this Period  
1000.00

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  
MM / DD / YYYY

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  
MM / DD / YYYY

FEC Identification Number  
C

Amount of Each Disbursement this Period

Memo Item

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 1000.00  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 22500.00 |