

Commonwealth of Pennsylvania
Campaign Finance Report

(Note: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number:	2018033	Report Filed By:	CANDIDATE	1.	COMMITTEE	2.	LOBBYIST	3.		
Name of Filing Committee, Candidate or Lobbyist: ACADIA HEALTHCARE COMPANY INC.										
Street Address: 6100 TOWER CIRCLE STE 100										
City: FRANKLIN			State: TN			Zip Code: 37067				
TYPE OF REPORT	6th Tuesday Pre-Primary	1.	2nd Friday Pre-Primary	2.	30 Day Post Primary	3.	Amendment Report?	Yes	No	X
	6th Tuesday Pre-Election	4.	2nd Friday Pre-Election	5.	30 Day Post Election	6.	Termination Report?	Yes	No	X
Other	Annual Report	7.	YEAR	2020						

Name of Office Sought by Candidate: Other	DATE OF ELECTION			District Number:	Office Code: OTH	Party Code: OTH	County Code:
	MO.	DAY	YEAR				
	11	3	2020				

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	
	A. Amount Brought Forward From Last Report	3	10	2020		5	18	2020
B. Total Monetary Contributions and Receipts (From Schedule I)								\$500.00
C. Total Funds Available (Sum of Lines A and B)								\$0.00
D. Total Expenditures (From Schedule III)								\$500.00
E. Ending Cash Balance (Subtract Line D from Line C)								\$0.00
F. Value of In-Kind Contributions Received (From Schedule II)								\$500.00
G. Unpaid Debts and Obligations (From Schedule IV)								\$0.00

FOR OFFICE USE ONLY

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.
 Sworn to and subscribed before me this

20 day of May 2020

James Jones Signature

My Commission expires 4.24.23 MO. DAY

[Signature] Signature of Person Submitting Report

Christopher Howard Printed Name

(615) Area Code 801-4000 Daytime Telephone Number

AFFIDAVIT SECTION

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No 320) as amended.
 Sworn to and subscribed before me this

_____ day of _____ 20____

_____ Signature

My Commission expires _____ MO. DAY YEAR

_____ Signature of Person Submitting Report

_____ Printed Name

_____ Area Code _____ Daytime Telephone Number



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May 20, 2020

Office of City Commissioners
County Board of Elections
Attention: Campaign Finance
City Hall, Room 142
1400 John F Kennedy Boulevard
Philadelphia, Pennsylvania 19107

**RE: ACADIA HEALTHCARE COMPANY, INC.
SECOND FRIDAY PRE-PRIMARY, CYCLE 2 REPORT**

Dear Sir or Madam:

Enclosed please find the executed cover page and copy of Acadia Healthcare Company, Inc.'s Second Friday Pre-Primary, Cycle 2. The PAC did not have any activity during this reporting period. Please do not hesitate to contact me should you have any questions or need any additional information in connection with this report. I can be reached directly by phone at 615.939.0218 or by e-mail at kimberly.clark@wallerlaw.com.

Sincerely,

Kimberly Faye Clark

Enclosure

cc: Acadia Healthcare Company, Inc. (via pdf)